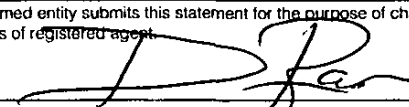
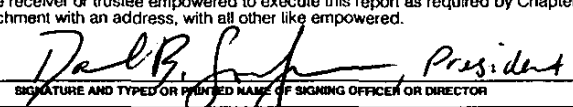


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90158 021 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                            |                                                                                                   |                                                                                                                                                                                                                                       |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 717783</b><br>1. Entity Name<br><b>BAYSHORE TERRACE CONDOMINIUM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                            |                                                                                                   |                                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>1455 WEST AVENUE<br/>MIAMI, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                            | Mailing Address<br><b>1455 WEST AVENUE<br/>MIAMI, FL 33139</b>                                    |                                                                                                                                                                                                                                       |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                         |                                                                                                                                                                                                                                       |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                            | City & State                                                                                      |                                                                                                                                                                                                                                       |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | Country                                    |                                                                                                   | Zip                                                                                                                                                                                                                                   |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | Country                                    |                                                                                                   | 4. FEI Number<br><b>59-1608402</b>                                                                                                                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                            |                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>RAPOSO, DAVID<br/>1411 SW 92 AVE.<br/>MIAMI, FL 33174</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                            |                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                            |                                                                                                   |                                                                                                                                                                                                                                       |                                                                   |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent, as applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                            | DATE <b>3/4/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |                                                                                                                                                                                                                                       |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>               |                                                                                                                                                                                                                                       |                                                                   |
| <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                            | <b>Make check payable to<br/>Florida Department of State</b>                                      |                                                                                                                                                                                                                                       |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                            |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>SNODGRASS, DANIEL<br>1455 WEST AVE #604<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete            |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>ZUQUIM, SERGIO<br>1455 WEST AVE, #204<br>MIAMI BEACH, FL 33139   | <input type="checkbox"/> Delete            |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>AEDO, SARA<br>1455 WEST AVE #503<br>MIAMI BEACH, FL 33139        | <input type="checkbox"/> Delete            |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>CASTRO, LETICIA<br>1455 WEST AVE #702<br>MIAMI BEACH, FL 33139   | <input type="checkbox"/> Delete            |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PEREZ, NORMA<br>1455 WEST AVE #501<br>MIAMI, FL 33139             | <input type="checkbox"/> Delete            |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>MARTINEZ, RAUL<br>1455 W. AVE #902<br>MIAMI BEACH, FL 33139       | <input checked="" type="checkbox"/> Delete |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                        |                                            |                                                                                                   |                                                                                                                                                                                                                                       |                                                                   |
| SIGNATURE:  President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                            | DATE: <b>3/4/05</b>                                                                               |                                                                                                                                                                                                                                       |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                            | <small>Daytime Phone #</small>                                                                    |                                                                                                                                                                                                                                       |                                                                   |

**50024429**



02022005 Chg-NP CR2E037 (10/03)