


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 725906	
1. Entity Name EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2300 SW 3RD AVE MIAMI FL 33129	Mailing Address C/O TPS MANAGEMENT P. O. BOX 661554 MIAMI SPRINGS FL 33266
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

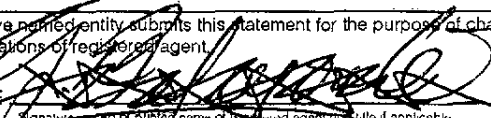
4. FEI Number 65-0343593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
S.K.R.L.D. 201 ALAHAMBRA CIRCLE, STE. 1102 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD REY, KATHERINE	<input type="checkbox"/>
STREET ADDRESS 2300 SW 3 AVE, APT 18		
CITY - ST - ZIP MIAMI FL 33129		
TITLE NAME	DV BELMONTE, GABRIEL	<input type="checkbox"/>
STREET ADDRESS 2300 SW 3RD AVE APT 15		
CITY - ST - ZIP MIAMI FL 33129		
TITLE NAME	TSD SOLER, OLGA I	<input type="checkbox"/>
STREET ADDRESS 2300 SW 3RD AVE APT 03		
CITY - ST - ZIP MIAMI FL 33129		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME	000000250412	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Katherine Rey
President

3/28/05 (305) 593-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #