

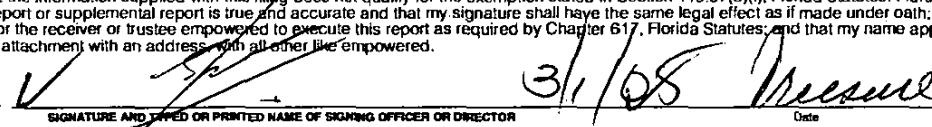


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90106 002 ****61.25

DOCUMENT # 716782 1. Entity Name STAR MERIDIAN CONDOMINIUM, INC.					
Principal Place of Business 528 MERIDIAN AVENUE MIAMI BEACH, FL 33139 US			Mailing Address 305 ALCAZAR AVE MIAMI, FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1441200	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent VILAR PROPERTY MANAGEMENT, INC. 305 ALCAZAR AVE 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAZ, RAFAEL <input checked="" type="checkbox"/> Delete 528 MERIDIAN AVE #502A MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judith GAZZONI DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 528 Meridian Ave #502A MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRERA, LILIANA <input type="checkbox"/> Delete 528 MERIDIAN AVE #405 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BACHA, HENRY <input type="checkbox"/> Delete 528 MERIDIAN AVE #304 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD ERANK, RODRIGUEZ <input checked="" type="checkbox"/> Delete 528 MERIDIAN AVE #402A MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENRIQUE RODRIGUEZ DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 528 Meridian Ave MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					