


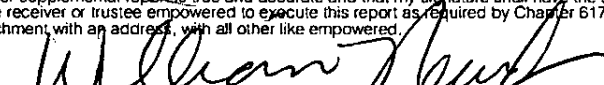
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90321 019 \*\*\*\*61.25

**50037482**



<b>DOCUMENT # 712224</b>					
1. Entity Name 1475 TERRA TOWERS CONDOMINIUM, INC.					
Principal Place of Business 1475 N.E. 125TH TERR. NO. MIAMI, FL 33161		Mailing Address SUNRAE MANAGEMENT SERVICES, INC. 7071 W COMMERCIAL BOULEVARD STE #2-B TAMARAC, FL 33319			
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 59-1159693	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUSCH, KAREN C/O SUNRISE MANAGEMENT 7071 W. COMM BLVD STE 28 TAMARAC, FL 33319			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 reinstating) 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	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIZ, ADEBUDA		NAME	WILLIAM NEWCOMB	
STREET ADDRESS	1475 NE. 125TH TERR. #506		STREET ADDRESS	1475 NE 125TH TERR #602	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRUCHTHAN, ELAINE		NAME	FLORENTINO FERNANDEZ	
STREET ADDRESS	1475 NE 125TH TERR #410		STREET ADDRESS	1475 NE 125TH TERR. # 405	
CITY-ST-ZIP	NO MIAMI, FL 33161		CITY-ST-ZIP	NO. MIAMI, FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	MARIA YEPEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, MATTHEW		NAME	1475 NE 125TH TERR. #514	
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 311		STREET ADDRESS	NO. MIAMI, FL 33161	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	SOFIA BESIANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXCINE, JOSEPH		NAME	1475 NE 125TH TERR. #606	
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 307		STREET ADDRESS	NO. MIAMI, FL 33161	
CITY-ST-ZIP	N. MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURIA, AIDA		NAME	MAXCINE JOSEPH	
STREET ADDRESS	1475 NE 125TH TERR #611		STREET ADDRESS	1475 NE 125TH TERR. # 307	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	NO. MIAMI, FL 33161	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESIANA, SOFIA		NAME		
STREET ADDRESS	1475 NE. 125TH TERR. #606		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		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)(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: 		04-08-05		305-479-4720	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	