


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90336 048 ****61.25

DOCUMENT # 703262	
1. Entity Name 625 ESPANOLA WAY INC A CONDOMINIUM	

Principal Place of Business 641 ESPANOLA WAY CONDO BOX MIAMI BEACH, FL 33139 US	Mailing Address 7154-B SOUTH WEST 47TH STREET MIAMI, FL 33155 US
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50038203



2. Principal Place of Business	3. Mailing Address <i>641 Espanola Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Condo Box</i>
City & State	City & State <i>Miami Beach, FL</i>
Zip	Country <i>FL 33139</i>

04052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1038865	Applied For 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 CADICORP MANAGEMENT GROUP 7154-B SOUTH WEST 47TH STREET MIAMI, FL 33155	
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7. Name and Address of New Registered Agent	
Name	<i>NONE Please delete current agent</i>
Street Address (P.O. Box Numbers Not Acceptable)	
City	<i>FL</i>
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOGLIA, MICHAEL J 641 ESPANOLA WAY #30 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jackie Cader 641 Espanola Way #19 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ORAMAS, ANGEL 641 ESPANOLA WAY #8 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Cindy Torres 641 Espanola way #23 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SMITH, MICHAEL D 641 ESPANOLA WAY #26 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Angel Oramas 641 Espanola way #8 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JEREZ, JORGE 641 ESPANOLA WAY #37 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESERAUMAUX, FABRICE 641 ESPANOLA WAY #24 MIAMI BEACH FLORIDA, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONLY 5 MEMBER, BOARD 641 ESPANOLA WAY MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME 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)(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: *Jorge A. Jerez, President* 4/11/05 (305) 534-1436
Signature and typed or printed name of signing officer or director Date Daytime Phone #