


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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90110 047 ****70.00

DOCUMENT # 725806	
1. Entity Name JOE RON NORTH CONDOMINIUM, INC.	

Principal Place of Business 2633 PIERCE ST. HOLLYWOOD FL 33020	Mailing Address P.O. BOX 21183 HOLLYWOOD FL 33020
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2. Principal Place of Business	3. Mailing Address 2633 Pierce St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. apt. 203
City & State	City & State Hollywood, FL.
Zip	Country
33020	U.S.



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WERDENE, ALFREDO 2633 PIERCE ST. APT. 203 HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Alfredo Werdene* *Alfredo Werdene* *4-28-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	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	P WERDENE, ALFREDO 2633 PIERCE ST., APT. 203 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Medcham <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 221191 Hollywood, FL. 33022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABALLERO, JESSICA 2633 PIERCE ST., APT. 208 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jessica Caballero 2633 Pierce St. apt. 208 Hollywood, FL - 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCOTO, RAUL 2633 PIERCE ST., APT. 103 HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Acelia C. Fortes 2633 Pierce St. apt. 107 Hollywood, FL. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPENA, CORIDAD 2633 PIERCE ST., APT. 107 HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alex Harulko 2633 Pierce St. apt. 105 Hollywood, FL. 33020
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: *Alfredo Werdene* *4-28-05 (954) 921-1642*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #