

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90037 029 ****61.25

DOCUMENT # 707576 1. Entity Name 520 - 79TH STREET INC A CONDOMINIUM					
Principal Place of Business 520-79TH STREET, #8 MIAMI BEACH, FL 33141			Mailing Address 520-79TH STREET, #8 MIAMI BEACH, FL 33141		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALDES, JOSE L 520-79TH STREET APT 8 MIAMI BEACH, FL 33141				Name <u>Angelica Ruggeri</u> Street Address (P.O. Box Number is Not Acceptable) <u>520</u> <u>520 79th St #2</u> City <u>Miami Beach</u> <u>FL</u> Zip Code <u>33141</u>	
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 <u>[Signature]</u>		<u>Jose L. Valdes, TD</u> Signature typed or printed name of registered agent and title if applicable		<u>1/18/06</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD FERNANDEZ, MARIO M 520 79 ST APT 8 MIAMI BEACH, FL 33141	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGELOA RUGGERI 520 79th ST #2 141 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, JOSE L 520-79TH STREET, #8 MIAMI BEACH, FL 33141	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Perez, Lisia D 520 79th St #6 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REQUENA, HELENA 520-79 ST APT #5 MIAMI BEACH, FL 33141	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROEMER D'E2 520 79 ST #6 MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u>		<u>1/18/06</u> DATE		<u>305-776-4359</u> Daytime Phone #	