

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90040 047 \*\*\*\*61.25

|                                                                                  |         |                                                                                   |         |
|----------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 714570</b>                                                         |         |  |         |
| 1. Entity Name<br><b>5-33 MERIDIAN CONDOMINIUM, INC.</b>                         |         |                                                                                   |         |
| Principal Place of Business<br><b>533 MERIDIAN AVE.<br/>MIAMI BEACH FL 33139</b> |         | Mailing Address<br><b>PO BOX 5103<br/>HIALEAH FL 33014<br/>US</b>                 |         |
| 2. Principal Place of Business - No P.O. Box #                                   |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                              |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                     |         | City & State                                                                      |         |
| Zip                                                                              | Country | Zip                                                                               | Country |

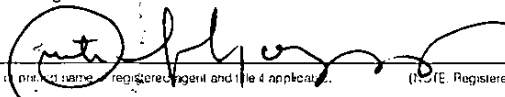


1st MOORE CR2E037 (10/06)

|                                                                                                                                                          |  |                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number<br><b>59-2675522</b>                                                                                                                       |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                         |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                          |  |                                                                                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>GONZALEZ, ANITA<br/>CAM MANAGEMENT SERVICES<br/>6175 N.W. 167 ST. UNIT 61<br/>HIALEAH FL 33015</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>ANITA GONZALEZ</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>CAM Management Services.</b><br><b>6175 N.W. 167 St. G1</b><br>City <b>Hialeah</b> FL Zip Code <b>33015</b> |  |

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 4 applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/07

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

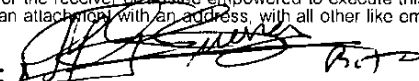
**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PDT <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JESUS GUERRA, MILAGROSA DE          | NAME                                                  |                                                                   |
| STREET ADDRESS             | 533 MERIDIAN AVE, SUITE 7           | STREET ADDRESS                                        |                                                                   |
| CITY - ST - ZIP            | MIAMI BEACH FL 33139                | CITY - ST - ZIP                                       |                                                                   |
| TITLE                      | SD <input type="checkbox"/> Delete  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JESUS GUERRA, MILAGROSA DE          | NAME                                                  |                                                                   |
| STREET ADDRESS             | 533 MERIDIAN AVE #7                 | STREET ADDRESS                                        |                                                                   |
| CITY - ST - ZIP            | MIAMI BEACH FL 33139                | CITY - ST - ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RODRIGUEZ, DAMIAN                   | NAME                                                  |                                                                   |
| STREET ADDRESS             | 533 MERIDIAN AVE #11                | STREET ADDRESS                                        |                                                                   |
| CITY - ST - ZIP            | MIAMI BEACH FL 33139                | CITY - ST - ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY - ST - ZIP            |                                     | CITY - ST - ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY - ST - ZIP            |                                     | CITY - ST - ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY - ST - ZIP            |                                     | CITY - ST - ZIP                                       |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milagrosa DE JESUS GUERRA 3/31/07 (305) 826-9191

Date

Daytime Phone #