


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90022 049 ****61.25

DOCUMENT # **712224**
1. Entity Name
1475 TERRA TOWERS CONDOMINIUM INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NORTH MIAMI, FL
Suite, Apt. #, etc.

3. Mailing Address
1475 NE 125 TERR N. MIAMI
Suite, Apt. #, etc.

40125952

DO NOT WRITE IN THIS SPACE

City & State
NO. MIAMI

City & State
FLORIDA

Zip
33161

Country
USA

Zip
33161

Country
USA

4. FEI Number
591159693

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
WALKER PROPERTIES LLC

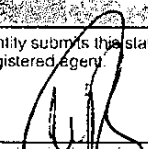
Street Address (P.O. Box Numbers Not Acceptable)
2 NORTH EAST 2ND ST, #302

SUITE 302

City
MIAMI

FL **33137**

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  DATE **7-3-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

FEE IS \$61.25
Initial or Amended UBR

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President William Newcomb 1475 NE 125th ter #602 N Miami FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice president Maria yepoz 1475 NE 125th ter #514	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Lawrence Anzuino 1475 NE 125th ter #102	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP treasurer aurelio Quintero " Apt # 212	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director AIDA BURIA same address Apt # 611	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Rafael Lazono same address # 502	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **7/03/07** 305-479-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)