

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

|                                                      |  |                                                                                   |
|------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 703262</b>                             |  |  |
| 1. Entity Name<br>625 ESPANOLA WAY INC A CONDOMINIUM |  |                                                                                   |

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

**50038203**



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

04052005 Chg-NP CR2E037 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1038865 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>CADICORP MANAGEMENT GROUP<br>7154-B SOUTH WEST 47TH STREET<br>MIAMI, FL 33155 |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|

|                                                  |                                         |
|--------------------------------------------------|-----------------------------------------|
| 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<br>Due by May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|---------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TOGLIA, MICHAEL J<br>641 ESPANOLA WAY #30<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Jackie Cader<br>641 Espanola Way #19<br>Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>ORAMAS, ANGEL<br>641 ESPANOLA WAY #8<br>MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T/D<br>Cindy Torres<br>641 Espanola way #23<br>Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>SMITH, MICHAEL D<br>641 ESPANOLA WAY #26<br>MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br>Angel Oramas<br>641 Espanola way #8<br>Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>JEREZ, JORGE<br>641 ESPANOLA WAY #37<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DESERAUMAUX, FABRICE<br>641 ESPANOLA WAY #24<br>MIAMI BEACH FLORIDA, FL 33139 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ONLY 5 MEMBER, BOARD<br>641 ESPANOLA WAY<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 #