## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706790** 

Entity Name: 835 MERIDIAN INC

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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835 MERIDIAN AVE.

**UNITS 1-12** 

MIAMI BEACH, FL 33139 US

Current Mailing Address: New Mailing Address:

835 MERIDIAN AVE UNIT #11

1505 SW 11 TERRACE MIAMI, FL 33135

MIAMI BEACH, FL 33139

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOVIDO, DAVID
835 MERIDIAN AVE #11

DOVIDO, DAVID
1505 SW 11 TERRA

835 MERÍDIAN AVE #11 1505 SW 11 TERRACE MIAMI BEACH, FL 33139 US MIAMI, FL 33135 US

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.

SIGNATURE: 04/11/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 DOVIDIO, DAVID
 Name:
 DOVIDIO, DAVID

 Address:
 835 MERIDIAN, #11
 Address:
 1505 SW 11 TERRACE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI, FL 33135

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 POTTER, JOE
 Name:

 Address:
 835 MERIDIAN #6
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: DVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEHMAN, JEFF
 Name:

 Address:
 9532 BYRON AVE.
 Address:

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. DOVIDIO DP 04/11/2005