

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707493

FILED
Jan 13, 2006
Secretary of State

Entity Name: 900 EUCLID AVENUE INC A CONDOMINIUM

Current Principal Place of Business:

900 EUCLID AVENUE
APT #17
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

900 EUCLID AVE., INC.
900 EUCLID AVE, APT. 17
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1109142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINZON, RICARDO TREASUR
900 EUCLID AVE.
APT. 17
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, CONRAD PRESIDE
Address: 900 EUCLID AVENUE APT 12
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVP () Delete
Name: RODRIGUEZ, ANTONIO
Address: 900 EUCLID AVE. #12A
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: BEN, BELLER
Address: 900 EUCLID APT # 14
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: PINZON, RICARDO
Address: 900 EUCLID AVE., APT. 17
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: RODRIGUEZ, GLORIA
Address: 940 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: SAREH, HOUTAN
Address: 900 EUCLID AVE APT # 11
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RICARDO PINZON

MR

01/13/2006

Electronic Signature of Signing Officer or Director

Date