


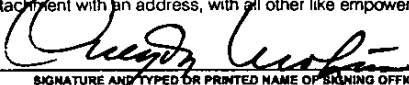


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90002 029 ****61.25

DOCUMENT # 708015 1. Entity Name 644 MERIDIAN BUILDING, INC., A CONDOMINIUM					
Principal Place of Business 644 MERIDIAN AVE APAT 12 MIAMI BEACH, FL 33139 US		Mailing Address 644 MERIDIAN AVE APT 5 MIAMI BEACH, FL 33139		50026272 	
2. Principal Place of Business 644 Meridian Ave. Suite, Apt. #, etc.		3. Mailing Address 40 CAM Management Suite, Apt. #, etc. P.O. Box 5103		07052006 Chg-NP CR2E037 (4/06)	
City & State Miami Beach, FL.		City & State Hialeah, FL.		4. FEI Number 59-1270526	
Zip 33139		Country USA		Applied For Not Applicable	
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ANITA J 1800 W. 49TH ST. # 330 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Anita Gonzalez Street Address (P.O. Box Number is Not Acceptable) CAM Management Services 6175 N.W. 167 St. Unit G1 City Miami Lakes, FL Zip Code 33015	
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: 07/06/06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD LLAVNIEGOS, CELESTINO 644 MERIDIAN AVE, APT 5 MIAMI BCH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Manoj Ahlowalia 644 Meridian Ave. #3 Miami Beach, FL. 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD NUNEZ-CUENCA, GUILLERMINA 2457 COLLINS AVE #1706 MIAMI BCH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPID Giacomo Querverni 644 Meridian Ave. #12A Miami Beach, FL. 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD ONEYDA, MOLINA 1418 LENOX AVE MIAMI, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Pedro Lasalde 644 Meridian Ave. #12 Miami Beach, FL. 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hector Bermudez 644 Meridian Ave. #4 Miami Beach, FL. 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oneyda Molina 644 Meridian Ave. #1 Miami Beach, FL. 33139	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date: 8/10/06 Daytime Phone #: 305-826-9191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					