


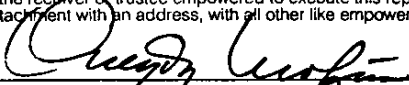


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 708015</b> 1. Entity Name <b>644 MERIDIAN BUILDING, INC., A CONDOMINIUM</b>					
Principal Place of Business <b>644 MERIDIAN AVE APT 12 MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>644 MERIDIAN AVE APT 5 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>644 Meridian Ave.</b>		3. Mailing Address <b>40 CAM Management</b>		<div style="font-size: 24px; font-weight: bold;">50026272</div> 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>P.O. Box 5103</b>			
City & State <b>Miami Beach, FL.</b>		City & State <b>Hialeah, FL.</b>			
Zip <b>33139</b>		Zip <b>33014</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-1270526</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ANITA J 1800 W. 49TH ST. # 330 HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>Anita Gonzalez</b> Street Address (P.O. Box Number is Not Acceptable) <b>CAM Management Services</b> <b>6175 N.W. 167 St. Unit G1</b> City <b>Miami Lakes,</b> <b>FL</b> Zip Code <b>33015</b>		
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 <b>07/06/06</b>	
Filing Fee is <b>\$61.25</b> <b>Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>SD</b>	NAME <b>LLAVNIEGOS, CELESTINO</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PID</b>	NAME <b>Manoj Ahlowalia</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>644 MERIDIAN AVE, APT 5</b>			STREET ADDRESS <b>644 Meridian Ave. #3</b>		
CITY-ST-ZIP <b>MIAMI BCH, FL 33139</b>			CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>		
TITLE <b>MD</b>	NAME <b>NUNEZ-CUENCA, GUILLERMINA</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VPIB</b>	NAME <b>Giacomo Guerreni</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>2457 COLLINS AVE #1706</b>			STREET ADDRESS <b>644 Meridian Ave. #12A</b>		
CITY-ST-ZIP <b>MIAMI BCH, FL</b>			CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>		
TITLE <b>TPD</b>	NAME <b>ONEYDA, MOLINA</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TID</b>	NAME <b>Pedro Lasalde</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>1418 LENOX AVE</b>			STREET ADDRESS <b>644 Meridian Ave. #12</b>		
CITY-ST-ZIP <b>MIAMI, FL 33139</b>			CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE <b>S</b>	NAME <b>Hector Bermudez</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS <b>644 Meridian Ave. #4</b>		
CITY-ST-ZIP 			CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE <b>D</b>	NAME <b>Oneyda Molina</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS <b>644 Meridian Ave. #1</b>		
CITY-ST-ZIP 			CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: 			Oneyda Molina 8/10/06 305-826-9191		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		