


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # 708015 1. Entity Name 644 MERIDIAN BUILDING, INC., A CONDOMINIUM	
---	---

Principal Place of Business 644 MERIDIAN AVE MIAMI BEACH FL 33139 US	Mailing Address C/O CAM MANAGEMENT P O BOX 5103 HIALEAH FL 33014
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

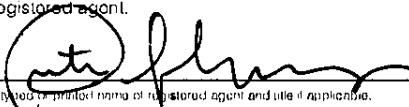
1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-1270526	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent GONZALEZ, ANITA J CAM MANAGEMENT SERVICES 6175 NW 167 ST UNIT G1 HIALEAH FL 33015	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  **ANITA GONZALEZ** DATE **3/31/07**

Signature, based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

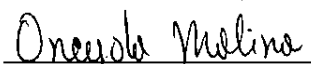
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: AHLOWALIAU, MANOJ STREET ADDRESS: 644 MERIDIAN AVE #3 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE: VPD NAME: GUERRENI, GLACOMO STREET ADDRESS: 644 MERIDIAN AVE #12A CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE: D NAME: ONEYDA, MOLINA STREET ADDRESS: 644 MERIDIAN AVE #1 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE: TD NAME: LASALDE, PEDRO STREET ADDRESS: 644 MERIDIAN AVE #12 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE: S NAME: BERMUDEZ, HECTOR STREET ADDRESS: 644 MERIDIAN AVE #4 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U000008694270 04/17/07-80012-005 61.25	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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 Section 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** DATE: **3/31/07** TELEPHONE: **(305) 826-9191**

SIGNATURE BE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #