


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 709638</b>		
1. Entity Name 1035 MERIDIAN CONDOMINIUM INCORPORATED		
Principal Place of Business 1035 MERIDIAN AVE. MIAMI BEACH, FL 33139	Mailing Address 1035 MERIDIAN AVE. #7 MIAMI BEACH, FL 33139	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PEREZ, DENIO 1035 MERIDIAN AVE. APT 7 MIAMI BEACH, FL 33139		<b>DO NOT WRITE IN THIS SPACE</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: <i>Denio Perez</i> DATE: <i>7/5/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLENEC, RUDY 1035 MERIDIAN AVE, APT 1 MIAMI, FL 33139	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TORRES, ANGELICA 1035 MERIDIAN AVE., #1 MIAMI BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DENIO PEREZ 1035 MERIDIAN AVE #7 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANZA, ANGELO 1035 MERIDIAN AVENUE # 12 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMOS, LUIS 1035 MERIDIAN AVE, APT 4 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Denio Perez</i> DATE: <i>7/5/05</i> 305-558-3724 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>		



07062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2662398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/11/05-80001-001 61.25