



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90039 001 ****61.25

DOCUMENT # 712224 1. Entity Name 1475 TERRA TOWERS CONDOMINIUM, INC.					
Principal Place of Business 1475 N.E. 125TH TERR. NO. MIAMI, FL 33161				Mailing Address SUNRAE MANAGEMENT SERVICES, INC. 7071 W COMMERCIAL BOULEVARD STE #2-B TAMARAC, FL 33319	
2. Principal Place of Business		3. Mailing Address		 01202004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1159693				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSCH, KAREN C/O SUNRISE MANAGEMENT 7071 W. COMM BLVD STE 28 TAMARAC, FL 33319				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIZ, ADEBUDA		NAME	JOSEPH MAXCINE	
STREET ADDRESS	1475 NE. 125TH TERR. #506		STREET ADDRESS	1475 NE 125TH TER. #307	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESIANA, SOPHIA		NAME	ELAINE FRUCHTHAN	
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 606		STREET ADDRESS	1475 NE 125TH TER. #410	
CITY-ST-ZIP	NO MIAMI, FL 33161		CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, MATTHEW		NAME	ADA BURIA	
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 311		STREET ADDRESS	1475 NE 125TH TER. #611	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH, MAXINE		NAME		
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 307		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANTENEGRO, HORATIO		NAME		
STREET ADDRESS	1475 NE. 125TH TERR. #609		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESIANA, SOFIA		NAME		
STREET ADDRESS	1475 NE. 125TH TERR. #606		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		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)(i), 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>[Signature]</i> President			2/19/04 305-674-2760		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		