


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90022 049 \*\*\*\*61.25

DOCUMENT # **712224**  
1. Entity Name  
**1475 TERRA TOWERS CONDOMINIUM INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**NORTH MIAMI, FL**  
Suite, Apt. #, etc.

3. Mailing Address  
**1475 NE 125 TERR N. MIAMI**  
Suite, Apt. #, etc.

**40125952**

DO NOT WRITE IN THIS SPACE

City & State  
**NO. MIAMI**

City & State  
**FLORIDA**

Zip  
**33161**

Country  
**USA**

Zip  
**33161**

Country  
**USA**

4. FEI Number  
**591159693**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**WALKER PROPERTIES LLC**

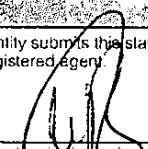
Street Address (P.O. Box Numbers Not Acceptable)  
**2 NORTH EAST 2ND ST, #302**

SUITE 302

City  
**MIAMI**

FL **33137**

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 **7-3-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President William Newcomb 1475 NE 125th ter #602 N Miami FL 33161</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Vice president Maria yepoz 1475 NE 125th ter #514</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Secretary Lawrence Anzuino 1475 NE 125th ter #102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>treasurer aurelio Quintero " Apt # 212</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director AIDA BURIA same address Apt # 611</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director Rafael Lazono same address # 502</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **7/03/07** 305-479-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)