

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2005
Secretary of State**

DOCUMENT# 714233

Entity Name: 5 - 18 CONDOMINIUM, INC.

Current Principal Place of Business:

518 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

518 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1502202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, GUSTAVO
518 EUCLID AVE.
#3
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

HARCAVI, MARIA I
518 EUCLID AVE.
#2
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: MARIA I HARCAVI 03/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SACCOIA, SAM,
Address: 518 EUCLID AVE., #6
City-St-Zip: MIAMI BEACH, FL

Title: PD () Delete
Name: ARIAS, GUSTAVO,
Address: 518 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL

Title: SD () Delete
Name: HARCAVI, MARIA I.,
Address: 518 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IGLESIAS, ROBERT
Address: 518 EUCLID AVE., #5
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Change () Addition
Name: ARIAS, MARIA
Address: 518 EUCLID AVE #3
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Change () Addition
Name: HARCAVI, MARIA I
Address: 518 EUCLID AVE # 2
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA I HARCAVI S 03/07/2005
Electronic Signature of Signing Officer or Director Date