


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90225 009 \*\*\*\*61.25

<b>DOCUMENT # 715578</b> 1. Entity Name <b>MEADOWBROOK TOWERS CONDOMINIUM "B" INC.</b>					
Principal Place of Business <b>233 N E 14TH AVE HALLANDALE, FL 33009</b>			Mailing Address <b>233 N E 14TH AVE HALLANDALE, FL 33009</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1284584</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CASIO, FELIX 233 NE 14TH AVE. #503 HALLANDALE, FL 33009</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><b>Felix Casio Secretary/Treasurer/Director</b></u> <span style="float: right;">4-25-06</span> <small>Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MAKOWICZ, STANISLAW 233 NE 14TH AVE #205 HALLANDALE, FL 33009</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HART, MICHAEL 233 NE 14TH AVE., #207 HALLANDALE, FL 33009</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TODOROV, TODOR 233 NE 14TH AVE., #507 HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CASIO, FELIX 233 NE 14TH AVE., #503 HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WEINSTEIN, MICHAEL 233 NE 14TH AVE., #505 HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHIAVELLO, ANNE-MARIE 233 NE 14TH AVE., #407 HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u><b>Secty/Treas/Director</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><b>4-25-06</b></u> Daytime Phone # <u><b>786-355-3330</b></u>			