

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90008 036 ****61.25

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03212003 Chg-NP CR2E037 (10/03)

DOCUMENT # 715596					
1. Entity Name 644 EUCLID CONDOMINIUM, INC.					
Principal Place of Business 644 EUCLID AVE. MIAMI BEACH, FL 33139			Mailing Address 644 EUCLID AVE. MIAMI BEACH, FL 33139		
2. Principal Place of Business <i>1521 Alton Road</i>		3. Mailing Address <i>1521 Alton Road</i>			
Suite, Apt. #, etc. <i>#472</i>		Suite, Apt. #, etc. <i>#472</i>			
City & State <i>Miami Beach FL</i>		City & State <i>Miami Beach FL</i>		4. FEI Number 59-1726973	
Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>			
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, MINNIE 644 EUCLID AVE. SUITE 5 MIAMI BEACH, FL 33139			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: <i>Minnie Cohen</i> <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 September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, MINNIE 644 EUCLID AVE., #5 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>Yvette Arguelles</i> 644 Euclid Ave. #8 Miami Beach FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALDRICH, VIOLA 644 EUCLID AVE #4 MIAMI BEACH, FL 331398697	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDRICH, VIOLA 644 Euclid Ave. #4 Miami Beach FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T1D DOLBERG, SABBOTH 644 EUCLID AVE APT 9 MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date Daytime Phone #					