

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 024 ****70.00



DOCUMENT # 715596				1. Entity Name 644 EUCLID CONDOMINIUM, INC. <i>Minnie Cohen - President</i>	
Principal Place of Business <i>644 Euclid Condo, Inc.</i> Mailing Address <i>644 Euclid Condo, Inc.</i> 644 EUCLID AVE. apt. 5 Inc. 644 EUCLID AVE. apt. 5 MIAMI BEACH FL 33139-8637 MIAMI BEACH FL 33139-8637					
2. Principal Place of Business <i>644 Euclid Condo, Inc.</i> 644 Euclid Ave. apt. 5 Suite, Apt. #, etc. <i>Miami Beach, Fla.</i> City & State		3. Mailing Address <i>644 Euclid Ave. Condo, Inc.</i> 644 Euclid Ave. Apt. 5 Suite, Apt. #, etc. <i>Miami Beach, Fla.</i> City & State		4. FEI Number 59-1726973 Applied For Not Applicable	
Zip 33139-8637	Country USA	Zip 33139-8637	Country USA		
5. Certificate of Status Desired <input checked="" 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 - President</i> Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW: 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, MINNIE		NAME		
STREET ADDRESS	644 EUCLID AVE., #5		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALDRICH, VIOLA		NAME		
STREET ADDRESS	644 EUCLID AVE #4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139-8697		CITY-ST-ZIP		
TITLE	T1D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOLBERG, SABBOTH		NAME		
STREET ADDRESS	644 EUCLID AVE APT 9		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

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: *Minnie Cohen* MINNIE COHEN President July 28 2005 305-538-3974
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #