

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90003 014 ****70.00



DOCUMENT # 715596

1. Entity Name
644 EUCLID CONDOMINIUM, INC.
Minnie Cohen - President

Principal Place of Business *644 Euclid Ave* Mailing Address *644 Euclid Condo. Inc.*
644 EUCLID CONDO INC. *Condo. Inc.* **644 EUCLID CONDO INC.** *apt. 5.*
MIAMI BEACH FL 33139-8637 **MIAMI BEACH FL 33139-8637**

2. Principal Place of Business *644 Euclid Condo. Inc.* 3. Mailing Address *644 Euclid Ave. Condo. Inc.*
644 Euclid Ave. apt. 5 *644 Euclid Ave. Condo. Inc.*
Suite, Apt. #, etc. Suite, Apt. #, etc.
apt 5

City & State *Miami Beach, Fla* City & State *Miami Beach Fla*
Zip *33139-8637* Country *U.S.A.* Zip *33139-8637* Country *U.S.A.*



2nd MOORE CR2E037 (4/06)

4. FEI Number **59-1726973** Applied For Not Applicable

5. Certificate of Status Desired **\$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 *Minnie Cohen - President* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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 | | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALDRICH, VIOLA 644 EUCLID AVE #4 MIAMI BEACH FL 33139-8697 <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 | TID 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 | SD ARGUELLES, YVETTE 644 EUCLID AVE # 8 MIAMI BEACH FL 33139 <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 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.

SIGNATURE: *Minnie Cohen - MINNIE COHEN - President August 28, 2006 305-538-3974*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #