

**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**

644 Euclid Condo. Inc. *644 Euclid Ave. Condo. Inc.*

2. Principal Place of Business *644 Euclid Ave. apt. 5* 3. Mailing Address *644 Euclid Ave. Condo. Inc.*

Suite, Apt. #, etc. *apt 5* Suite, Apt. #, etc.

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 7. Name and Address of New Registered Agent

COHEN, MINNIE
644 EUCLID AVE.
SUITE 5
MIAMI BEACH FL 33139

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

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*