



FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90249 040 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 717061 1. Entity Name THREE HORIZONS, SOUTH, CONDOMINIUM, INC.					
Principal Place of Business 1465 NE 123RD STREET NORTH MIAMI, FL 33161		Mailing Address 7071 W COMMERCIAL BLVD STE 2B FORT LAUDERDALE, FL 33319			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04042005 Chg-NP CR2E037 (10/03)	
-Zip- Country		Zip Country		4. FEI Number 59-1438437	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUNRISE MANAGEMENT SERVICES, INC. 7071 W COMMERCIAL BLVD #2B FORT LAUDERDALE, FL 33319			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTHIN, JESSICA 1465 NE 123RD ST. #PH8 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, JOHN 1465 NE 123RD STREET #802 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAHAM TURULL 1465 NE 123 ST #515 N. MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ, JORGE 1465 NE 123RD STREET #615 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSA CRUCET 1465 NE 123 ST #311 N. MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, ALBERTO 1465 NE 123RD ST. #802 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNIE GEORGE 1465 NE 123 ST #405 N. MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, MARIA 1465 NE 123 ST 501 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESIREE FEEST 1465 NE 123 ST #811 N. MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, DESIREE 1465 NE 123RD ST. #503 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENE RODRIGUEZ 1465 NE 123 ST. #512 N. MIAMI, FL 33161	
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>Abraham Turull</i>		ABRAHAM TURULL		4/14/05 305-305-3340	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	