
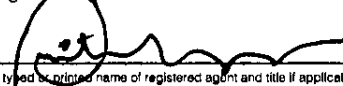
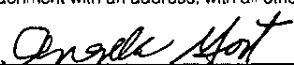


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # 717772 1. Entity Name 821 JEFFERSON CONDOMINIUM, INC.					
Principal Place of Business 821 JEFFERSON AVENUE MIAMI BEACH, FL 33139			Mailing Address C/O CAM MANAGEMENT P O BOX 5103 HIALEAH, FL 33014		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, ANITA CAM MANAGEMENT SERVICES 6175 NW 167 ST UNIT G1 HIALEAH, FL 33015				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		ANITA GONZALEZ <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/31/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	GORT, ANGELA	NAME	U00000694271		
STREET ADDRESS	855 EUCLID AVE #406	STREET ADDRESS	04/17/07-80012-006 61.25		
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOCERA, COSMO	NAME			
STREET ADDRESS	821 JEFFERSON AVENUE #7	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, THOMAS A	NAME			
STREET ADDRESS	821 SE JEFFERSON AVE #4	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: 		ANGELA GORT		3/31/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		(305) 826-9191 <small>Daytime Phone #</small>	