


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91029 010 ****61.25

DOCUMENT # 717812

1. Entity Name
 141 SOUTH SHORE DRIVE CONDOMINIUM, INC.



Principal Place of Business
 141 SOUTH SHORE DR
 APT 3
 MIAMI BEACH, FL 33141 US

Mailing Address
 P.O. BOX 415854
 MIAMI BEACH FL
 33141



2. Principal Place of Business
 141 SOUTH SHORE DR
 Suite, Apt. #, etc.
 APT # 3
 City & State
 MIAMI BEACH FL

3. Mailing Address
 P.O. BOX 415854
 Suite, Apt. #, etc.
 MIAMI BEACH, FL
 City & State

04222004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1500410

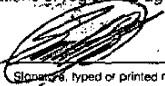
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCES, BEATRIZ
 7333 CARLYLE AVE.,
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
 Name SANDRA HANDSZER
 Street Address (P.O. Box Number is Not Acceptable)
 P.O. BOX 141 SOUTH SHORE DR APT 3
 City MIAMI BEACH FL Zip Code 33141

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  (NOTE: Registered Agent signature required when reinstating)

Date 04-22-04


Filing Fee is \$61.25 Due by May 1, 2004

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 GONZALEZ, PAUL 141 SOUTH SHORE DR APT 1 MIAMI BEACH, FL 33141 <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	TD GERI, HAIM 141 SOUTH SHORE DR APT 2 MIAMI BEACH, FL 33141 <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	STD GARCES, BEATRIZ 7333 CARLYLE AVE., #2 MIAMI BEACH, FL 33141 <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 HANDSZER, SANDRA 2 141 SOUTH SHORE DR, APT 3 MIAMI BEACH, FL 33141 <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 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:  Date 4/22/04 Daytime Phone # (305) 8645718