

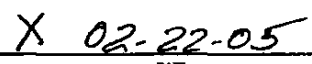




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2005 8:00 am
Secretary of State

03-01-2005 90074 043 ****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 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1500410	
				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				7. Name and Address of New Registered Agent	
HANDSZER, SANDRA 141 SOUTH SHORE DR., APT 3 MIAMI BEACH, FL 33141				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 		SIGNATURE 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$81.25 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			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	GONZALEZ, PAUL		NAME		
STREET ADDRESS	141 SOUTH SHORE DR APT 1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERI, HAIM		NAME		
STREET ADDRESS	141 SOUTH SHORE DR APT 2		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCES, BEATRIZ		NAME		
STREET ADDRESS	7333 CARLYLE AVE., #2		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANDSZER, SANDRA - 2		NAME		
STREET ADDRESS	141 SOUTH SHORE DR, APT 3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
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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 exemption stated in Section 119.07(3)(f), 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: 		SIGNATURE: 		DATE	
Signature and typed or printed name of signing officer or director		(NOTE: Registered Agent signature required when reinstating)		DATE	

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02242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1500410

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

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Due by May 1, 2005

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Trust Fund Contribution.

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Added to Fees

Make check payable to
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10. OFFICERS AND DIRECTORS

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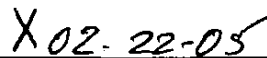
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SIGNATURE:



Signature and typed or printed name of signing officer or director



Date Daytime Phone #