

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 012 ****61.25

DOCUMENT # 717812
 1. Entity Name
 141 SOUTH SHORE DRIVE CONDOMINIUM, INC.



Principal Place of Business
 141 SOUTH SHORE DR
 APT 4
 MIAMI BEACH, FL 33141 US

Mailing Address
 141 SOUTH SHORE DR
 APT 4
 MIAMI BEACH, FL 33141 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05092008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-1500410

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 GARCES, BEATRIZ
 141 SOUTH SHORE DR.
 APT 4
 MIAMI BEACH, FL 33141

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 *Beatriz Garces* DATE June 5, 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, PAUL	
STREET ADDRESS	141 SOUTH SHORE DR UNIT 1	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GARCES, BEATRIZ	
STREET ADDRESS	141 SOUTH SHORE DR UNIT 4	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELLUSO, GIOVANNI	
STREET ADDRESS	141 SOUTH SHORE DR APT 3	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEGRIN, ANTONIO	
STREET ADDRESS	141 SOUTH SHORE DR APT 2	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Beatriz Garces* DATE June 5, 08 DAYTIME PHONE # (786) 488-7457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR