

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90013 008 ****61.25

DOCUMENT # 718608
 1. Entity Name
JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **631 JEFFERSON AVE MIAMI BEACH # 304 MIAMI BEACH FL 33139 US**
 Mailing Address: **%GALIANA MANAGEMENT 250 SW 21 RD MIAMI FL 33129 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State



MOORE CR2E037 (4/04)

4. FEI Number: **59-2520308**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
- GALIANA-MANAGEMENT 250 SW 21 RD MIAMI FL 33129

7. Name and Address of New Registered Agent
 Name: **Galiana Management Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable): **801 S.W. 3 Avenue**
 City: **Miami, FL 33130** Zip Code: **FL**

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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE: **8/5/04**

FILE NOW: FEE IS \$61.25 Due By September 8, 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

TITLE: DP	<input checked="" type="checkbox"/> Delete
NAME: RODRIGUEZ, JOSE C	
STREET ADDRESS: 631 JEFFERSON AVE # 304	
CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: TS	<input checked="" type="checkbox"/> Delete
NAME: REGNOLD, CHARLES C	
STREET ADDRESS: 631 JEFFERSON AVE # 402	
CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: VPD	<input checked="" type="checkbox"/> Delete
NAME: CORONA, MAGGIE	
STREET ADDRESS: 631 JEFFERSON AVENUE #103	
CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Thomas Savitsky	
STREET ADDRESS: 172 Hutton Street, Unit 201	
CITY-ST-ZIP: Jersey City, New Jersey. 07307	
TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Jose Rodriguez	
STREET ADDRESS: 631 Jefferson Avenue, Unit 304	
CITY-ST-ZIP: MIAMI BEACH, FL. 33139	
TITLE: ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Letizia Cutino	
STREET ADDRESS: 631 Jefferson Avenue, Unit 403	
CITY-ST-ZIP: MIAMI BEACH, FL. 33139	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

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, 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 agents empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **8/5/04**
 Daytime Phone #: **305-854-2138**