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

FILED
May 12, 2004 8:00 am
Secretary of State
05-12-2004 90209 028 ****61.25

DOCUMENT # 720135

1. Entity Name

7720 CONDOMINIUM INC.

Principal Place of Business	Mailing Address
7720 BYRON AVENUE APT #4 MIAMI BEACH FL 33141 US	7720 BYRON AVENUE APT #4 MIAMI BEACH FL 33141 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
7720 Condominium Inc	7720 Condominium Inc
Suite, Apt. #, etc.: 7720 Byron Ave # 4	Suite, Apt. #, etc.: 7720 Byron Ave # 4
City & State: Miami Beach Fl	City & State: Miami Beach Fl
Zip: 33141 Country: US	Zip: 33141 Country: US

4. FEI Number 59-2237196 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, VIVIAN
7720 BYRON AVENUE
APT #4
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: Lopez - Vivian

Street Address (P.O. Box Number is Not Acceptable): 7720 Byron Ave #4

City: Miami Beach Fl **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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	P LOPEZ, VIVIAN 7720 BYRON AVE #4 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FERNANDEZ, VERONICA 7720 BYRON AVE #3 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEDINA, MERCEDES 7720 BYRON AVE #1 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIAZ, JAVIER 7720 BYRON AVE #2 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 05/01/04 (786)208 3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #