



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90022 028 ****61.25

DOCUMENT # 722451			
1. Entity Name MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING # 1, INC.			
Principal Place of Business 501 NE 14TH AVENUE HALLANDALE FL 33009		Mailing Address 501 NE 14TH AVENUE HALLANDALE FL 33009	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GRANDE, HUMBERT 501 NE 14 AVE APT 203 HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name Natalie Milazo Street Address (P.O. Box Number is Not Acceptable) 501 N.E. 14th Ave Hallandale Beach City FL Zip Code 33009	
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 		DATE 2/10/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1444565** Applied For
 Not Applicable

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD TERRES, JOSE O 501 NE 14 AVE HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY- ST- ZIP	correction <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TORRES, Jose O.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD DESCHENE, ROBERT 501 NE 14TH AVE HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SHERMAN, STANLEY 501 NE 14 AVE. HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GRANDE, HUMBERT 501 NE 14TH AVE HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MILAZO, NATALIE 501 NE 14 AVE. HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TAPARI, GIOVANNI 501 NE 14TH AVE HALLANDALE FL 33009	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 exemptions contained in Section 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:  **José O. Torres** Treasurer **2/8/07** **954-454-8804**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #