2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT							:D		
DOCUMENT # 725082						OH JUL -7 PM 3: 34			
1. Entity Name WINSTON	TOWERS 300 ASSOCIATI	ON INC			0	1. IUL-7	PM 3. OTATE SEE. FLORIDA		
		· 	100		U	-00F1NS	SEFFE ORIO	` .	
Principal Place 230-174 ST.	of Business	Mailing Address	·			SEUNHAS	12r-		
		230-174 ST. Miami Beach, FL 3316	MIAMI BEACH, FL 33160		`	1200			
9 Principal Pla	and of Business	2 Mailing Address	Aailing Address						
2. Principal Place of Business					,				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06072004	Chg-NP	CR2E037 (10/		
City & State		City & State			4. FEI Numbe 59-145			Applied For Not Applicable	
ış Zip. ⊘	Country	Zip 	Country		5. Certificate	of Status Desired	9 S8.7 5	5 Additional equired	
	6. Name and Address of Current R	legistered Agent	Nan	08 44	7. Name and	Address of New	Registered Agent		
LIBERMAN		1	MIRRY HAN TIA						
WINSTON TOWER 300 ASSOCIATION, INC 230 174TH STREET				Street Address (P.O. Box Nümber, is Not Acceptable)					
NORTH MI	AMI BEACH, FL 33160		Snww City			5 PEAC	ch 331	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 Horida: transfer and account of the purpose of changing its registered office or registered agent, or both-in the State of Horida: transfer and account of the purpose of changing its registered office or registered agent, or both-in the State of Horida: transfer and account of the purpose of changing its registered office or registered agent, or both-in the State of Horida: transfer and account of the purpose of changing its registered office or registered agent, or both-in the State of Horida: transfer and account of the purpose of changing its registered office or registered agent, or both-in the State of Horida: transfer and account of the purpose of changing its registered office or registered agent.									
the obligation	ons of registered agent.	<i>7</i> ·						∗ 61.25	
SIGNATURE / Mary Cena Chia 6/28/04									
	Signature, typed or printed name of egistered agent a				When removating)		PDATE		
Amended AR is \$61.25 9. Election Campaign Trust Fund Contribu				ng . 🗆	\$5.00 May B Added to Fees	e Fi	Make check paya lorida Department		
10.	OFFICERS AND DIR		11.	<u>-</u>			CERS AND DIRECTO		
TITLE NAME	LACASTRO, ANTHONY	Delete	NAME		PASKOW	5 TURR	70T m·03	ange SAddition	
STREET ADDRESS CITY-ST-ZIP	230 174 STREET APT. 1715 SUNNY ISLES BEACH, FL 33160	1 ·	STREET ADDR	ESS 2	30 144	IGO REA	ch, FL 331	20	
TITLE	P !	Ma Delete	TITLE			EN, LEST			
NAME	LIBERMAN, ALEX	,	NAME STREET ADDR	1 4 5	11747	3 UNIT	306	'	
STREET ADDRESS CITY-ST-ZIP	230 174TH STREET SUNNY ISLES BEACH, FL 33160) .	CITY-ST-ZIP	-			ch FG 33)	160	
TITLE ·	D,	≯ Delete	TITLE	SITE	AN DO	uBOFF	□ Ch		
NAME STREET ADDRESS	MORALES, JOSE 230_174_STREET APT_407		NAME STREET ADDR	ESS 23	0 1747	BOFF	605		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160)	CITY-ST-ZIP	5u	NNY 75	LES BEAG	1, the 331	60	
TITLE NAME	D LIBERCHUK, JOSEPH	☐ Delete	TITLE NAME	2500	Lomon	MARTI	N □ CH	nange XAddition	
STREET ADDRESS	230 174 STREET APT. 1002		STREET ADDR	eess 23c	ドノタタリ	" WIT	1107		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Su	uny 78	LES BE	geh FC 3	3160	
TITLE NAME	D SNITZER, MICHAEL	☐ Delete	TITLE NAME					nange (SC)Addition	
STREET ADDRESS	230 174 STREET APT. 2204	n	STREET ADDR			4 anst		22110	
CITY-ST-ZIP TITLE	SUNNY ISLES BEACH, FL 33160	Delete	CITY-ST-ZIP	DUA	DNY L	SLES DE	Ach, FL 3	nange X Addition	
NAME	PRIESTĖR, SOLO	C Delete	NAME		OVEDA,			220 100111011	
STREET ADDRESS CITY - ST - ZIP	230 174 STREET APT, 2104 SUNNY ISLES BEACH, FL 3316	n	STREET ADDR	RESS &	00 174	15 an	FAC 4 107	33160	
12. † hereby c	ertify that the information supplied with	this filing does not qualify for	the exemption	n stated in Se	ction 119.07(3)	(i), Florida Statute	s. I further certify that	t 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 ether like empowered.									
SIGNATURE: Mary Grand Typed on Printed name of signing officer or director Signature and Typed on Printed name of signing officer or director Dayline Phone 9									