


**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 26 AM 8:00

DOCUMENT # 725576
1. Entity Name
FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
3001 S.W. 2ND STREET
APT. 113-C
MIAMI, FL 33135

Mailing Address
3001 S.W. 2ND STREET
APT. 113-C
MIAMI, FL 33135

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



06162004 Chg-NP CR2E037 (10/03) *MRS*

4. FEI Number
59-1651473 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALENARES, SANTIAGO S
145 SW 30 COURY, APT 209-B
MIAMI, FL 33135

7. Name and Address of New Registered Agent
Name *Miguel Bu*
Street Address (P.O. Box Number is Not Acceptable)
3001 S.W. 2nd St. apt 208c
City *Miami* FL Zip Code *33135*

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 *Miguel Bu* DATE *6/22/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, SILVIA M 160 SW 30 AVE., APT 104-A MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTRO, MAGALY 160 S.W. 30 AVE. APT. 207-A MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANGO, JOSE L 160 SW 30 AVE., APT 205-A MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALRNARES, SANTIAGO S 145 SW 30 COURT, APT 210-B MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lazara Huerres</i> <i>3001 S.W. 2nd St. apt 207c</i> <i>Miami Fl. 33135</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Marilis Garcia</i> <i>3001 SW. 2nd St apt. 205c</i> <i>Miami Fl. 33135</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Antonia Robayna</i> <i>145 S.W 30th Ct. apt 109 B</i> <i>Miami Fl. 33135</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S Miguel Bu</i> <i>3001 S.W. 2nd St. Apt. 208c</i> <i>Miami Fl. 33135</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VT Paola Zervigon</i> <i>160 S.W. 30 Ave apt 107A</i> <i>Miami Fl. 33135</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: *Miguel Bu* DATE *6/22/04* DAYTIME PHONE # *305 642-5905*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR