


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90012 031 ****61.25

DOCUMENT # 726431
 1. Entity Name
SHORES PLAZA WEST CONDOMINIUM, INC.



Principal Place of Business Mailing Address
 689 NE 92 ST 689 NE 92 ST
 11G 11 G
 MIAMI SHORES, FL 33138-2962 US MIAMI, FL 33138-2962 US

50002820



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State City & State

4. FEI Number
59-1570223 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 KATHERINE SWEDE
 689 NE 92 ST 11G
 MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/> Delete
NAME	PSUTY, THEODORE	
STREET ADDRESS	629 NE 92 ST, #5B	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SWEDE, KATHERINE	
STREET ADDRESS	689 NE 92 ST 11G	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILPATRICK, JOHN S	
STREET ADDRESS	621 NE 92ND ST, 4A	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNHARD, JERRY	
STREET ADDRESS	645 NE 92ND ST., 16D	
CITY-ST-ZIP	MIAMI SHORES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, BETTY	
STREET ADDRESS	657 NE 92 ST 1E	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO, AL	
STREET ADDRESS	689 NE 92ND ST, 10G	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORGENFHALER, MIMI		
STREET ADDRESS	645 NE 92 ST, 15D		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAMIREZ, CARLOS		
STREET ADDRESS	673 NE 92 ST, 6F		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KILPATRICK, JOHN S		
STREET ADDRESS	621 NE 92 ST, 4A		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRESPO, AL		
STREET ADDRESS	689 NE 92 ST, 10 G		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		

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: Katherine Swede (Katherine Swede) 1/10/05 305-751-0128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #