2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	/	ANNUAL	REPO	RT (AR)				-	FIL	ED		
DOCUMENT # 726519 1. Entity Name							0	Feb 10, 2005 08:00 AM Secretary of State				
7125 DICKENS AVENUE CONDOMINIUM ASSOCIATION, INC.									ccrctar	y OI S	raic _.	
Principal Place of Business Mailing Address						<u> </u>	vg	1				
7125 DICKE	NS AVE.			7125 DICKENS AVE.								
#3 MIAMI BEAG	CH FL 3314	1		#3 MIAMI BEACH FL 33141				(K ete e ndt endt høle i	'A''	ani birani bibnik bibli	
2. Principal P		ess		3. Mailing Address								
Suite, Apt.				Suite, Apt. #, etc.				1st MC	OORE	CR2E037		n. 1= .
City & Stat	ie 		City	City & State				4. FEI Number	5-0120999		<u> </u>	plied For t Applica
Ζip	Country			Zip Co				5. Certificate of St	atus Desired		8.75 Add ee Required	
	6. Name	and Address of Cur	rent Registera	egistered Agent			7. Name and Address of New Registered Agent					
ALMADET BUILD A						Name						
	'AREZ, JU 5 DICKEN						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33141						City			 	FL	Zip Code	
		y submits this stateme	ent for the purpo	ose of changing its	register	ed office or reig	gister	red agent, or both, in	the State of Flo		amiliar with,	and acce
_	tions of regist	ered agent.						-				
SIGNATURE .	Signature, typed	or printed name of registered	iqqa îi ejîif bna (naga	icable (NOTE	Йeģistere	d Agent signature re	quired	when reinstating)		DATE	·····	77 . .
	ELE NOW	TET IN ANY AF	#W. 6.30 W. 6.1							A STATE OF		
.,1		FEE IS \$61.25 May 1, 2005		Election Can Trust Fund C				\$5.00 May Be Added to Fees			Payable ment of S	
10.	·	OFFICERS AN	D DIRECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	S AND DIR	ECTORS IN	10
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NAME	ALVAREZ,				MAM	·]		02/	10/05-80d	86-018	61.25	
STREET ADDRESS CHY-ST-ZIP	7125 DICKENS AVE. MIAMI BEACH FL 33141			STRE								
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NAME	SILVA, PE				NAM	ſ						·
STREET ADDRESS City-S1-Zip		ENS AVE #6 ACH FL 33141				ET ADORESS '- ST- ZIP						
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CITY - ST - ZIP	MIAMI BEA	ACH FL 33141			1	-ST-ZIP						
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12. I hereby o	certify that the	e information supplied	with this filing	does not qualify for	the exe	mption stated i	in Se	ection 119.07(3)(i), Fi	orida Statutes, I	further cert	ity that the ir	nformein
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 directly 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 changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date												-
		MANUAL CALLER WAND I J. L.E.		S S S S S S S S S S S S S S S S S S S	On DIREC				Date	UE	Aretic LUCUG 4	