


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90156 035 \*\*\*\*70.00

**DOCUMENT # 728410**  
 1. Entity Name  
**ANDALUSIA CONDOMINIUM CORP.**



Principal Place of Business <b>6200 WEST FLAGLER STREET          APT 204          MIAMI, FL 33154 US</b>	Mailing Address <b>C/O LM QUALITY MGMT          PO BOX 440915          MIAMI, FL 33144</b>
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02072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1550209</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**NUNEZ, LUZMARY  
 402 MINDRCA  
 MIAMI, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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: *Luzmary Nunez* *Luzmary Nunez* *2/14/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREJON, CAROL 6200 WEST FLAGLER ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SATIAGO, PENA 6200 W. FLAGLER ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRELLANA, JULIO 6200 W FLAGLER ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ-SALINERO, RAIDIA 6200 WEST FLAGLER ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAVEDRA, MARIO 6200 WEST FLAGLER ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Carol Morejon* *2/14/05* *305-4468634*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #