


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90007 047 ****61.25

DOCUMENT # 729327
 1. Entity Name
TAMIAMI MALL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **8756 SW 8TH STREET MIAMI FL 33174 US**
 Mailing Address: **C/O YOYA LAND CORPORATION 704 SW 17TH AVENUE, SUITE 1 MIAMI FL 33155 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number **59-1602662**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**ORTEGA, JOSE A
 704 SW 17TH AVENUE, SUITE 1
 MIAMI FL 33135**

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)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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 <input checked="" type="checkbox"/> | D CASTRO, HENRY 8772 SW 8TH ST MIAMI FL 33174 <input type="checkbox"/> Delete |
| TITLE <input checked="" type="checkbox"/> | TR RODRIGUEZ, FRANCISCO 8764 S. W. 8TH ST. MIAMI FL 33174 <input type="checkbox"/> Delete |
| TITLE <input checked="" type="checkbox"/> | VD VASALLD, FRANCISCO 8755 S. W. 8TH ST. MIAMI FL 3314 <input type="checkbox"/> Delete |
| TITLE <input checked="" type="checkbox"/> | SC ACEITUNO, ARTURO 8792 S. W. 8TH ST. MIAMI FL 33174 <input checked="" type="checkbox"/> Delete |
| TITLE <input checked="" type="checkbox"/> | D MAHONEY, DONAL 8772 SW 8TH ST MIAMI FL 33155 <input type="checkbox"/> Delete |
| TITLE <input checked="" type="checkbox"/> | P DEL COLLADO, ANTOLIN 8798 SW 8TH ST MIAMI FL 33155 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE <input type="checkbox"/> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input checked="" type="checkbox"/> | S ROBERTO BARRETO 8782 SW 8TH STREET MIAMI, FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> | <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:  **02/04/04** **305-643-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E037 (11/03)