


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 730313 1. Entity Name AQUARIUS MIAMI CONDOMINIUMS ASSOCIATION, INC.	
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Principal Place of Business 5960 NE 5TH CT MIAMI, FL 33137	Mailing Address P.O. BOX 562891 MIAMI, FL 33256
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2092725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIEBWASSER, WILLIAM
201 ALHAMBRA CIRCLE SUITE 1000
CORAL GABLES, 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: _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EUGENE, RONALD 717 N.W. 177 AVE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRIEWASSER, WILLIAM 90 ALMERIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATEL, CHANDRAKANT J 5960 NE 5TH CT MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000739051
05/14/07-80008-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **William Triebwasser** **4/25/07** **(305) 992-0047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #