


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

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90132 014 ****61.25

DOCUMENT # 730478 1. Entity Name TOWER 1800 CONDOMINIUM, INC.	
--	---

Principal Place of Business 1800 COLLINS AVENUE MIAMI BEACH, FL 33139	Mailing Address 1800 COLLINS AVENUE MIAMI BEACH, FL 33139
---	---



04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1706911	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 ALVAREZ, ARMANDO 1800 COLLINS AVENUE MIAMI BEACH, FL 33139
--

**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, 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	P ALVAREZ, ARMANDO 1800 COLLINS AVE/APT 10E MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARRO, RAMON 1800 COLLINA AVE APT 5C MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FIGUEROA, RAUL 1800 COLLINS AVE-APT 6F MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALLE, JULIA 1800 COLLINS AVE. APT. 12F MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, INES 1800 COLLINS AVE APT 17E MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOURE, OCTAVIO 1800 COLLINS AVE APT 5A MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/05 305-534.66.60

Date Daytime Phone #

Armando Alvarez