


Apr. 17. 2007 2:20PM

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90017 027 \*\*\*\*61.25

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

<b>DOCUMENT # 730478</b> 1. Entity Name TOWER 1800 CONDOMINIUM, INC.	
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Principal Place of Business 1800 COLLINS AVENUE MIAMI BEACH, FL 33139	Mailing Address 1800 COLLINS AVENUE MIAMI BEACH, FL 33139
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4000-



**DO NOT WRITE IN THIS SPACE**

04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1706911	Applied For <input type="checkbox"/> 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**

7. 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 retreating)

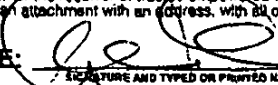
Filing Fee is \$61.25  
Due by May 1, 2007

8. 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 VALLE, JULIA 1800 COLLINS AVE #12-F MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDOZA, JOSE C 1800 COLLINS AV #14F 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 <del>MOURE, OCTAVIO</del> Scott Berger 1800 COLLINS AVE APT 5A 11F MIAMI BEACH, FL 33139

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

4/18/07 (305) 534-6660  
Date Digital Photo #