## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#731063** 

FILED Apr 30, 2005 Secretary of State

Entity Name: WEST TRADE CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

3239 WEST TRADE AVENUE COCONUT GROVE, FL 33133 US

Current Mailing Address: New Mailing Address:

3239 WEST TRADE AVE., #7 COCONUT GROVE, FL 33133

FEI Number: 59-1769889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALLEDOR, ROBERT L 1450 CORAL WAY SUITE 1 MIAMI, FL 33145 US

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.

SIGNATURE: ROBERT L. VALLEDOR 04/30/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MAXERA, MARGARITA M
 Name:

 Address:
 3239 WEST TRADE AVENUE, #7
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133 US
 City-St-Zip:

Title: T ( ) Delete Title: S/T (X) Change ( ) Addition

Name: LUIS, MEJER Name: LUIS, MEJER

 Address:
 3239 WEST TRADE AVENUE, #8
 Address:
 3239 WEST TRADE AVENUE, #8

 City-St-Zip:
 COCONUT GROVE, FL 33133 US
 City-St-Zip:
 COCONUT GROVE, FL 33133 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 YAMIL, SOCARRAS
 Name:

 Address:
 3239 WEST TRADE AVENUE, #5
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MEJER S/T 04/30/2005