
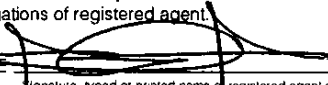
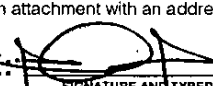


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90170 050 ****61.25

DOCUMENT # 738250 1. Entity Name BYRON EAST ASSOCIATION, INC.			
Principal Place of Business 7601 BYRON AVE. MIAMI BEACH FL 33141		Mailing Address 7601 BYRON AVE. MIAMI BEACH FL 33141	
2. Principal Place of Business 7601 BYRON AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI BEACH		City & State 	
Zip 33141		Country USA	
4. FEI Number 59-1907274		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 BERMAN, NAUM 7601 BYRON AVE., APT 2C MIAMI BEACH FL 33141		7. Name and Address of New Registered Agent Name RODOLFO O. BELLO Street Address (P.O. Box Number is Not Acceptable) 7601 BYRON AVE # 3E City MIAMI BEACH FL Zip Code 33141	
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 3/4/2005 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, NAUM 1601 BYRON AVE., APT 2C MIAMI FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODOLFO O. BELLO 7601 BYRON AVE #3E MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREIJO, CARMEN 1601 BYRON AVE., APT 3C MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVIA BERGERMAN APT 3A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO FORMES, JACOBO 1601 BYRON AVE., APT 4E MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO GUILLERMO CORREA APT 3D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, NAUM 7601 BYRON AVE. #2C MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERMIN ORELLANA APT 5E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTON, WILLIAM 7601 BYRON AVE. #4A MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM SCHWARTZ APT 4D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  RODOLFO O. BELLO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/4/2005 305-867-3227 <small>Date Daytime Phone #</small>	