

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 744090**

1. Entity Name  
**EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM**



Principal Place of Business  
**618 EUCLID AVE.  
MIAMI BEACH, FL 33139-8628**

Mailing Address  
**618 EUCLID AVE.  
MIAMI BEACH, FL 33139-8628**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1991594**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LESLIE CORO  
618 EUCLID AVE.  
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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/7/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CORO, CARIDAD  
STREET ADDRESS 618 EUCLID AVE, #201  
CITY-ST-ZIP MIAMI BCH., FL 33139

TITLE STD  
NAME RIOS, ANA  
STREET ADDRESS 618 EUCLID AVE #401  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VPD  
NAME VERITE, GEORGE  
STREET ADDRESS 618 EUCLID AVE #202  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000389806  
01/23/06-80004-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/06*  
Date

*86-390-6793*  
Daytime Phone #