


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 757110 1. Entity Name TAMIAIR INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 14055 SOUTHWEST 142ND AVE., UNIT 16 MIAMI, FL 33186-6739	Mailing Address 14055 SOUTHWEST 142ND AVE UNIT 40 MIAMI, FL 33186-6739
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01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2106285	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 SMITH, GLEN E. 7357 WEST FLAGLER STREET MIAMI, FL 33144	DO NOT WRITE IN THIS SPACE
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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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARANGI, LEON T JR 10861 SW 108TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELALOUF, VICTOR 15560 SW 111 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUERREUERE, CHRISTINA 10010 HAMMOCKS BLVD # 205 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, GREGOR 14055 S.W. 142 AVE #10 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, ROBERT W 13360 SW 99 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, MARGARITA 9321 SW 104 AVE MIAMI, FL 33176

U000000012453
01/26/04-80010-005 61.25

**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)(f), 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: 27777 **1-21-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #