

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

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 761030

1. Entity Name
GREGORIO REYES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 1500 S.W. 66 CT
 APT. #1
 MIAMI FL 33144

Mailing Address
 1500 S.W. 66 CT
 APT. #1
 MIAMI FL 33144



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
 Suite Apt. #, etc

3. Mailing Address
 Suite Apt. #, etc

City & State

Zip Country

4. FEI Number
59-2399157

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, ANA M
1500 S.W. 66 CT.
APT #1
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FERNANDEZ, ANA M	1500 SW 66 CT APT 1	MIAMI FL 33144	<input type="checkbox"/>
STD	VIDAL, TERESA	1500 SW 66 CT APT 1	MIAMI FL 33144	<input type="checkbox"/>
VPD	SEGUNDO ARDAVIN	1500 SW 66 COURT #4	MIAMI FL 33144	<input type="checkbox"/>
D	LOPEZ, ARIEL	1500 S.W. 66 COURT #3	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **1/25/05** **305-266-1816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #