


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 767694 1. Entity Name 315 FRANKLIN STREET CONDOMINIUM, INC.	
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Principal Place of Business C/O BOTTOS, DIANE B. 315 FRANKLIN STREET HOLLYWOOD, FL 33019 US	Mailing Address C/O BOTTOS, DIANE B. 315 FRANKLIN STREET HOLLYWOOD, FL 33019 US
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01122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number NOT APPLICABLE	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

BOTTOS, DIANE B
315 FRANKLIN STREET
HOLLYWOOD, FL 33019

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, EDWARD 2951 S.W. 108 WAY FORT LAUDERDALE, FL 333281531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, EDENIA 2951 S.W. 108 WAY FORT LAUDERDALE, FL 333281531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOTTOS, DIANE R.R.#13 THUNDER BAY, ONTARIO, CA P7B5E4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80167-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Diane Bottos **DIANE BOTTOS** Jan 12/2005 (84) 923-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone