

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90005 043 ****61.25

DOCUMENT # 769088
 1. Entity Name
 1350 RED ROAD PROFESSIONAL BUILDING
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1350 RED ROAD MIAMI FL 33144
 Mailing Address: P.O. BOX 558315 MIAMI FL 33255

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: 59-2766792
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
 SARDUY, PEDRO S M.D.
 6880 CORAL WAY
 MIAMI FL 33155

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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: P | SARDUY, PEDRO S M.D. 6880 CORAL WAY MIAMI FL | <input type="checkbox"/> Delete |
| TITLE: S | CARMEL, JACK 14741 BISCAYNE BLVD. MIAMI FL | <input type="checkbox"/> Delete |
| TITLE: D | MARTINEZ, FELIPE M.D. 1350 S.W. 57TH AVENUE, #210 MIAMI FL | <input type="checkbox"/> Delete |
| TITLE: D | FERNANDO, VIDAL 1350 S.W. 57TH AVENUE, #209 MIAMI FL | <input type="checkbox"/> Delete |
| TITLE: D | SOLER, ESTEBAN 1350 S.W. 57TH AVNEUE, #207 MIAMI FL | <input type="checkbox"/> Delete |
| TITLE: | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|---|
| TITLE: _____ | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Irene Sarduy Irene Sarduy 5/8/04 305-444-2825
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E037 (11/03)