


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 008 ***150.00

DOCUMENT # K91069 1. Entity Name ESPANOLA WAY ASSOCIATES, INC.					
Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139			Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139		
2. Principal Place of Business <i>230 5th Street</i> Suite, Apt. #, etc.			3. Mailing Address <i>230 5th Street</i> Suite, Apt. #, etc.		
City & State <i>Miami Beach FL</i>		City & State <i>Miami Beach, FL</i>		4. FEI Number 65-0136747	
Zip <i>33139</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHIGAN AVE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name <i>Robins, Scott</i> Street Address (P.O. Box Number is Not Acceptable) <i>230 5th Street</i> City <i>Miami Beach</i> FL Zip Code <i>33139</i>	
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 <i>[Signature]</i> DATE <i>2/21/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ROBINS, SCOTT 523 MICHIGAN AVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Robins, Scott 230 5th Street Miami Beach, FL 33139
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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 607, 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: <i>[Signature]</i> DATE <i>2/21/05</i> DAYTIME PHONE # <i>305-674-0600</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50019843



02212005 Chg-P CR2E034 (10/03)