2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004738

FILED Sep 08, 2004 Secretary of State

Entity Name: SOUTH MIAMI AVENUE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** C/O VEATER, 41 SW 18TH TERRACE MIAMI, FL 33129 FEI Number: 65-1047682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE LA PENA & BAJANDAS, LLP 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VEATER, COLIN D Name: Name: 41 SW 18TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: Title: Title: () Delete () Change () Addition DE LA PENA, LOURDES C Name: Name: Address: 2055 SOUTH MIAMI AVENUE Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: Title: () Delete Title: () Change () Addition DE BOYRIE, NILDA Name: Name: Address: 2 SW 24TH ROAD Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: () Delete Title: Title: MR (X) Change () Addition FERNANDEZ, RICARDO Name: Name: RAMOS, SANDRO 1877 SOUTH MIAMI AVENUE 1805 SOUTH MIAMI AVENUE Address: Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip: MIAMI, FL 33129 Title: () Delete Title: () Change () Addition MCCABE, ROBERT DR. Name: Name: 1601 SOUTH MIAMI AVENUE Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: Title: () Delete Title: () Change () Addition NWADIKE, EMMANUEL DR. Name: Name: Address: 2238 SOUTH MIAMI AVENUE Address: MIAMI, FL 33129 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN VEATER PRES 09/08/2004