


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003477**

1. Entity Name  
2552 CONDOMINIUM INC.



Principal Place of Business  
2552 SW 9TH ST, #3  
MIAMI, FL 33135

Mailing Address  
2552 SW 9TH ST, #3  
MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1105994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JAIME H  
2552 SW 9TH ST, #3  
MIAMI, FL 33135

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

1000000112621  
04/14/04-80029-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GARCIA, MARIA G 2552 SW 9TH ST, #3 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GARCIA, JAIME H 2552 SW 9TH ST, #3 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARCIA, DAVID H 2552 SW 9TH ST, #3 MIAMI, FL 33135
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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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:** ✓ *Jaime H Garcia* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *4/8/04* Daytime Phone # \_\_\_\_\_