


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003477
 1. Entity Name
 2552 CONDOMINIUM INC.



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

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02132005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1105994 Not Applicable

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

6. Name and Address of Current Registered Agent
 GARCIA, JAIME H
 2552 SW 9TH ST, #3
 MIAMI, FL 33135

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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)

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	DP
NAME	GARCIA, MARIA G
STREET ADDRESS	2552 SW 9TH ST, #3
CITY - ST - ZIP	MIAMI, FL 33135
TITLE	DT
NAME	GARCIA, JAIME H
STREET ADDRESS	2552 SW 9TH ST, #3
CITY - ST - ZIP	MIAMI, FL 33135
TITLE	DS
NAME	GARCIA, DAVID H
STREET ADDRESS	2552 SW 9TH ST, #3
CITY - ST - ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/16/05-90062-011 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)(f), 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 2/13/05 305-498-6983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #