

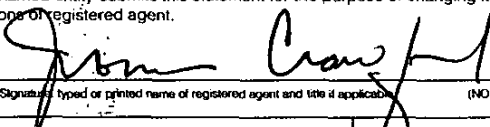
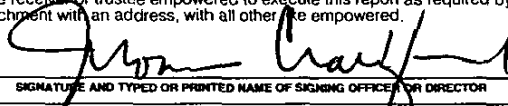


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90034 012 ****61.25

DOCUMENT # N01000003864 1. Entity Name MATILDA-3000 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STE 200 848 BRICKELL AVE MIAMI, FL 33131			Mailing Address CHRISTIANE BIAOUI 3150 MATILDA STREET MIAMI, FL 33133		
2. Principal Place of Business 3150 MATILDA ST.		3. Mailing Address 3150 MATILDA ST.		<div style="font-size: 24px; font-weight: bold;">50059338</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 07282005 Chg-NP CR2E037 (10/03) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL			
Zip 33133		Country USA		4. FEI Number 65-1114233	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BIJAOUI, CHRISTIANE 3150 MATILDA STREET MIAMI, FL 33133			7. Name and Address of New Registered Agent Name JEROME CRAWFORD Street Address (P.O. Box Number is Not Acceptable) 3150 MATILDA ST. City Miami FL 33133		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 7-28-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN, OLIVIA		NAME		
STREET ADDRESS	3152 MATILDA ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN, MIGUEL		NAME		
STREET ADDRESS	3152 MATILDA ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JEROME CRAWFORD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIJAOUI, CHRISTIANE		NAME		
STREET ADDRESS	3150 MATILDA ST		STREET ADDRESS	3150 MATILDA STREET	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL, 33133 (D)	
TITLE		<input type="checkbox"/> Delete	TITLE	MICHAEL PARRIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	3150 MATILDA ST	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL, 33133 (D)	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 as empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-28-05 (305) 774-1844 <small>Date Daytime Phone #</small>		