

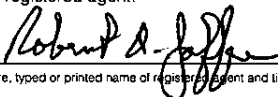
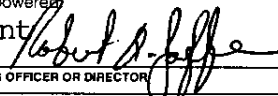


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90086 007 ****61.25

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # N01000008582 1. Entity Name ALBANESE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1200 S. ROGERS CIR. SUITE 11 BOCA RATON, FL 33487 | | | Mailing Address C/O HHH MANAGEMENT P.O. BOX 273760 BOCA RATON, FL 33427 | | |
| 2. Principal Place of Business 1200 S. Rogers Circle | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04122004 Chg-NP CR2E037 (10/03) | |
| City & State Boca Raton, FL | | City & State | | 4. FEI Number 60-0000928 | |
| Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 33487 | | Country USA | | Zip Country | |
| 6. Name and Address of Current Registered Agent SANDBERG, DONNA 1200 S. ROGERS CIR. SUITE 11 BOCA RATON, FL 33487 | | | | 7. Name and Address of New Registered Agent Name Robert Jaffe Street Address (P.O. Box Number is Not Acceptable) 1200 S. Rogers Circle, #8 City Boca Raton | |
| FL | | Zip Code 33487 | | | |
| 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 April 13, 2004 | |
| 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, 2004 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | DP ALBANESE, LEONARD A 1200 S. ROGERS CIR., SUITE 11 BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Robert Jaffe 1200 S. Rogers Circle, #8 Boca Raton, FL 33487 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ALBANESE, STEPHEN 1200 S. ROGERS CIR., SUITE 3 BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Norman Opper 1200 S. Rogers Circle, #13 Boca Raton, FL 33487 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST SANDBERG, DONNA 1200 S. ROGERS CIR., SUITE 11 BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST Reuven Ginton 1200 S. Rogers Circle, #16 Boca Raton, FL 33487 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 empowerments. | | | | | |
| SIGNATURE: Robert Jaffe, President  | | | | DATE: April 13, 2004 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | DAYTIME PHONE #: 561-394-6633 | |