


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90150 005 ****61.25

DOCUMENT # N01246		
1. Entity Name SOUTH MIAMI BUSINESS CENTER SEC. ONE CONDOMINIUMASSOCIATION, INC.		

Principal Place of Business PO BOX 557396 MIAMI, FL 33255 US	Mailing Address PO BOX 557396 MIAMI, FL 33255 US
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20054646



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2503801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WESTON, J. SCOTT C/O MADDUX AND COMPANY 4651 - 4699 SW 72 AVE MIAMI, FL 33155	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZ, AARON	NAME	
STREET ADDRESS	7175 SW 47 ST #210	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, TOM	NAME	
STREET ADDRESS	PO BOX 541145	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33256	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, RAY	NAME	
STREET ADDRESS	4689 SW 72 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHIMNEJAD, MYRA	NAME	
STREET ADDRESS	7105 SW 47 ST #402	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	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	
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 the empowered.

SIGNATURE: J. Scott Weston Date: 4-27-2005 Daytime Phone: 305-268-9661

J. SCOTT WESTON