


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90061 048 ****61.25

DOCUMENT # N02000000809

1. Entity Name
 1235 MERIDIAN CONDO ASSOCIATION CORP.



Principal Place of Business
 1235 MERIDIAN AVENUE
 APT. 5
 MIAMI BEACH, FL 33139

Mailing Address
 1235 MERIDIAN AVENUE
 APT. 5
 MIAMI BEACH, FL 33139

40003002



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
 80-0038507

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 FERNANDEZ, DAVID J
 1235 MERIDIAN AVENUE 3
 APT. 5
 MIAMI BEACH, FL 33139

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

7. Name and Address of New Registered Agent
 Name: Michael S. Hoffman
 Street Address (P.O. Box Number is Not Acceptable): 1235 Meridian Ave. # 5
 City: Miami Beach FL Zip Code: 33139

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: *[Signature]* Michael S. Hoffman DATE: 1/18/05

Signature, typed or printed name of registered agent and if not 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SARDA, RABIN	
STREET ADDRESS	1235 MERIDIAN AVENUE APT. 4	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFFMAN, MICHAEL	
STREET ADDRESS	1235 MERIDIAN AVENUE APT. 5	
CITY - ST - ZIP	MIAMI BEACH, FL 33138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SARDA, RABIN	
STREET ADDRESS	1235 MERIDIAN AVE 3	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEHR, JENNIFER	
STREET ADDRESS	1235 MERIDIAN AVENUE APT. 2	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *[Signature]* DATE: 1/18/05 DAYTIME PHONE #: 305-673-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR