

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90012 018 \*\*\*\*61.25

**DOCUMENT # N02000007030**

1. Entity Name  
**525 MERIDIAN CONDOMINIUM, INC.**



Principal Place of Business  
**525 MERIDIAN AVE  
MIAMI BEACH, FL 33139 US**

Mailing Address  
**525 MERIDIAN AVE  
APT 203  
MIAMI BEACH, FL 33139 US**



2. Principal Place of Business - No P.O. Box #  
**525 Meridian Ave**

3. Mailing Address  
**525 Meridian Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami Beach FL**

City & State  
**Miami Bch, FL**

Zip  
**33139**

Country  
**USA**

Zip  
**33139**

Country  
**USA**

02082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0166791**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, MERCEDES  
525 MERIDIAN AVE  
APT 203  
MIAMI BEACH, FL 33139**

Name **Michael Thompson**  
Street Address (P.O. Box Number is Not Acceptable) **525 Meridian Ave #401**  
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 **Michael Thompson**

**2/13/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	PDTE	<input type="checkbox"/> Delete
NAME	MEDINA, JUAN	
STREET ADDRESS	525 MERIDIAN AVE, # 204	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TRES	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, MERCEDES	
STREET ADDRESS	525 MERIDIAN AVE, #203	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RENE	
STREET ADDRESS	525 MERIDIAN AVE, # 207	
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		
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	Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Thompson	
STREET ADDRESS	525 Meridian Ave #401	
CITY-ST-ZIP	Miami Beach FL 33139	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Michael Thompson**

**2/13/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #