2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

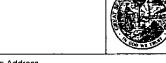
FILED Feb 18, 2008 8:00 am **Secretary of State**

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525 MERIDIAN CONDOMINIUM.INC.



525 MERIDIAN AVE MIAMI BEACH, FL 33139

Mailing Address Principal Place of Business **525 MERIDIAN AVE APT 203** MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box 25 Merialian Suite, Apt. #, etc. 02082008 Chq-NP CR2E037 (12/06) Miami Bch 4. FEI Number 65-0166791 Applied For \$8.75 Additional Cpuntry A 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, MERCEDES Street Address 525 MERIDIAN AVE **APT 203** MIAMI BEACH, FL 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PDTE ☐ Delete ZITI F Change Addition TITLE MEDINA, JUAN NAME NAME STREET ADDRESS 525 MERIDIAN AVE, # 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33139 Change Addition Delete TITI F TITLE GONZALEZ, MERCEDES NAME NAME STREET ADDRESS 525 MERIDIAN AVE, #203 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY - ST - ZIP ☐ Delete TITLE Addition TITLE RODRIGUEZ, RENE NAME NAME 525 MERIDIAN AVE, # 207 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL-33139 CITY-ST-ZIP-CITY - ST. ZIP. TITLE Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TME ☐ Chance ☐ Addition Delete TITLE 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 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

Daytime Phone #