


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90261 026 \*\*\*\*61.25

DOCUMENT # N03000004825					
<b>1. Entity Name</b> AQUASOL CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 6770 INDIAN CREEK DR MIAMI BEACH, FL 33141			<b>Mailing Address</b> 6770 INDIAN CREEK DR MIAMI BEACH, FL 33141		
<b>2. Principal Place of Business</b> <i>6770 Indian Creek Drive</i>		<b>3. Mailing Address</b> <i>7900 NW 155 Street</i>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. <i>#205</i>			
<b>City &amp; State</b> <i>Miami Beach Florida</i>		<b>City &amp; State</b> <i>Miami Lakes Florida</i>			
Zip <i>33141</i>		Country <i>Dade</i>		Zip <i>33016</i>	
Country _____		Country _____			
<b>4. FEI Number</b> <i>11-3691704</i>			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  ZARETSKY, LOUIS D ESQ 555 NE 15TH ST, STE 100 MIAMI, FL 33132			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSD HERRAN, EMILIANO <input checked="" type="checkbox"/> Delete 6770 INDIAN CREEK DR MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Florentino Gonzalez 6770 Indian Creek Drive #45-F Miami Beach, Florida 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete POYASTRO, MIGUEL 6770 INDIAN CREEK DR MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALfonso Jaramillo 6770 Indian Creek Drive #9E Miami Beach, Florida 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete VALDEZ, ANGEL 6770 INDIAN CREEK DR MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce Fish 6640 Allison Road Miami, Florida 33141	
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	
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	
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	
<b>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 empowered.</b>					
<b>SIGNATURE:</b> _____ <i>[Signature]</i> <span style="float: right;">4/8/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					