

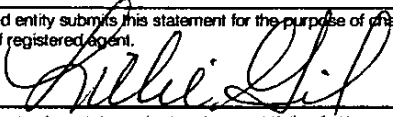



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N03000007888</b> 1. Entity Name <b>TAMIAMI CORPORATE CENTRE CONDOMINIUM ASSOCIATION, INC.</b>			<b>FILED</b> 05 JUN 27 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>31160 AVE. C BIG PINE KEY, FL 33043</b>		Mailing Address <b>31160 AVE. C BIG PINE KEY, FL 33043</b>	
2. Principal Place of Business <b>13605 SW 149 AVE.</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>11980 SW 144 CT.</b> <small>Suite, Apt. #, etc.</small> <b>203</b>		
City & State <b>MIA FL</b>		City & State <b>MIA FL</b>	
Zip <b>33186</b>	Country <b>USA</b>	4. FEI Number <b>74-3105203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FALCON, PEDRO 31160 AVENUE C BIG PINE KEY, FL 33043</b>		7. Name and Address of New Registered Agent Name <b>LILLIE GIL</b> Street Address (P.O. Box Number is Not Acceptable) <b>11980 SW 149 AVE. #203</b> City <b>MIA</b> State <b>FL</b> Zip Code <b>33186</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.			
SIGNATURE 		DATE <b>6-22-05</b>	
Amended AR is <b>\$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME FLACON, PEDRO <input checked="" type="checkbox"/> Delete STREET ADDRESS 31160 AVE. C CITY-ST-ZIP BIG PINE KEY, FL 33043	TITLE PD NAME MORALES, MIRTHA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 13605 SW 149 AVE. #0910 CITY-ST-ZIP MIA, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE SD NAME CASTILLO, MIGUEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 13605 SW 149 AVE. #11412 CITY-ST-ZIP MIA, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE TD NAME PERAZA, PEDRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 13605 SW 149 AVE. #05104 CITY-ST-ZIP MIA, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>800057339518</b> <b>07/12/05--01017--006 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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)(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.			
SIGNATURE: 		DATE: <b>6-22-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MIRTHA MORALES.</b>		Daytime Phone #	