


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N03000007888</b> 1. Entity Name <b>TAMIAMI CORPORATE CENTRE CONDOMINIUM ASSOCIATION, INC.</b>			FILED 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> Suite, Apt. #, etc.	3. Mailing Address <b>11980 SW 144 CT.</b> Suite, Apt. #, etc. <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>	
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 <u><i>Lillie Gil</i></u> <span style="float: right;">6-22-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE PD NAME FLACON, PEDRO STREET ADDRESS 31160 AVE. C CITY-ST-ZIP BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME MORALES, MIRTHA STREET ADDRESS 13605 SW 149 AVE. #0910 CITY-ST-ZIP MIA, FL 33186	<input type="checkbox"/> Delete	TITLE PD NAME CASTILLO, MIGUEL STREET ADDRESS 13605 SW 149 AVE. #11412 CITY-ST-ZIP MIA, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME PERAZA, PEDRO STREET ADDRESS 13605 SW 149 AVE. #05106 CITY-ST-ZIP MIA, FL 33186	<input type="checkbox"/> Delete	TITLE PD NAME 800057339518 STREET ADDRESS 07/12/05--01017--006 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Mirtha Morales</i></u> Pres. <span style="float: right;">6-22-05 382-9592</span> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		MIRTHA MORALES.	