



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 MAY -2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008830 1. Entity Name TAMIAMI COMMERCE CENTER A & B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2460 SW 137TH AVE, SUITE 238 MIAMI, FL 33175			Mailing Address 2460 SW 137TH AVE, SUITE 238 MIAMI, FL 33175		
2. Principal Place of Business 13601 SW 143 CT Suite, Apt. #, etc. 105		3. Mailing Address 435 SW 123 AVE Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number APPLIED FOR	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name C R MANAGEMENT + INVESTMENTS, INC Street Address (P.O. Box Number is Not Acceptable) 435 SW 123 AVE City Miami FL Zip Code 33184	
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>Joe R. Delgado</i></u> <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4/28/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			President Eliseo Delgado 13601 SW 143ct # 105 Miami FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Vice President Miguel Amion 13051 SW 143ct #238 Miami FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Treasurer Hasnain Ali 13051 SW 143ct #103 Miami FL 33180		
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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			200054013752 05/06/05--01064--009 **61.25		
TITLE 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>Eliseo Delgado</i></u> ELISEO DELGADO 4/28/05 (304) 232-3473 <small>Signature and typed or printed name of signing officer or director</small>					