


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-02-2005 90798 002 ****35.00
05-02-2005 90798 001 ****26.25

DOCUMENT # N04000005093	
1. Entity Name ROSA BLANCA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1929 NW 20TH STREET MIAMI, FL 33142	Mailing Address 1929 NW 20TH STREET MIAMI, FL 33142
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66023302



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1262286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEVIN, JENNIFER 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309	

7. Name and Address of New Registered Agent	
Name Blanca Salazar	
Street Address (P.O. Box Number is Not Acceptable) 1929 NW 20 St.	
City Miami	FL 33142

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 Blanca Salazar	DATE 6/13/05

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
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	PD SALAZAR, BLANCA P
STREET ADDRESS	1929 NW 20TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	<input type="checkbox"/> Delete
NAME	VD GONZALEZ GUERRA, ROSA ANGELICA
STREET ADDRESS	1929 NW 20TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	<input type="checkbox"/> Delete
NAME	STD SALAZAR, ELISEO HENRY
STREET ADDRESS	1929 NW 20TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Blanca Salazar	DATE: 6/13/05 DAYTIME PHONE: 305-3268552