



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90039 035 \*\*\*\*61.25

<b>DOCUMENT # N04000005688</b> 1. Entity Name THE 1120 ON 7TH STREET CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1120 7th STREET 7th St. MIAMI BEACH, FL 33139			Mailing Address 1120 7th STREET 7th St. MIAMI BEACH, FL 33139		
2. Principal Place of Business 1120 7th STREET Suite, Apt. #, etc.		3. Mailing Address 1120 7th STREET Suite, Apt. #, etc. # 1			
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL		4. FEI Number 26-0090746	
Zip 33139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTA, LORENZA L 1120 11TH STREET MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Alexi MANRESA Street Address (P.O. Box Number is Not Acceptable) 1120 7th ST. # 1 City MIAMI BEACH FL Zip Code 33139	
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>Alexi Manresa</u> President 2/17/2005 <small>Signature, typed or printed name of registered agent and is self applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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 PD NAME COSTA, LORENZA L STREET ADDRESS 1120 11TH STREET CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Alexi MANRESA STREET ADDRESS 1120 7th ST # 1 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME BARANDIARAN, MARILYN C STREET ADDRESS 1120 11TH STREET CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE VD NAME DIEGO MIRANDA STREET ADDRESS 1120 7th ST # 4 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME BARANDIARAN, EDUARDO STREET ADDRESS 1120 11TH STREET CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE TSD NAME JEFF GAMMIL STREET ADDRESS 1120 7th ST # 3 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input checked="" 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	
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>Alexi Manresa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/19/2005 305-546-1599 <small>Date Daytime Phone #</small>		

Alexi MANRESA