


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000008681</b> 1. Entity Name 525 NE 63RD STREET CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 525 -527 NE 63RD STREET MIAMI, FL 33138	Mailing Address 525 -527 NE 63RD STREET APT #4 MIAMI, FL 33138
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1978266	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DE CUBAS, KARIN N. 525 NE 63RD STREET APT #4 MIAMI, FL 33138	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DE CUBAS, KARIN N. 525 NE 63RD STREET APT #4 MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, GREG 525 NE 63RD STREET APT #5 MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORENO, ANTHONY 525 NE 63RD STREET APT #3 MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000937620  
05/27/08-80058-019 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/28/08</b> Date	<b>751-3668</b> Daytime Phone #
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