


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90158 043 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000009175	
1. Entity Name CUESTA DEL SOL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9547 W GULF BLVD TREASURE ISLAND, FL 33706	Mailing Address 9547 W GULF BLVD TREASURE ISLAND, FL 33706
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2. Principal Place of Business		3. Mailing Address 5901 Sun Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #104	
City & State		City & State St Pete FL	
Zip	Country	Zip	Country
33715		33715	

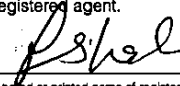


03242005 Chg-NP CR2E037 (10/03)

4. FEI Number 20 166 5436	Applied For Not Applicable
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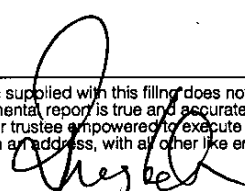
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAH, PUNIT 9547 W GULF BLVD TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent	
		Name Punit Shah	
		Street Address (P.O. Box Number is Not Acceptable) 5901 Sun Blvd #104	
		City St. Pete FL Zip Code 33715	

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  PUNIT SHAH	DATE April 30/05

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, RAXIT 9547 W GULF BLVD TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raxit Shah D 5901 Sun Blvd #104 St. Pete FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, KETKI 9547 W GULF BLVD TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ketki Shah D 5901 Sun Blvd #104 St. Pete FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, PUNIT 9547 W GULF BLVD TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Punit Shah D 5901 Sun Blvd #104 St. Pete FL 33715 <input checked="" 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
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 a address, with all other like empowered.	
SIGNATURE: 	DATE April 30/05 727 7999 816 7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #