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Aug 02, 2005 8:00 am
Secretary of State
06-20-2005 90002 019 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011652

1. Entity Name
TAMIAMI COMMERCE CENTER BUILDING E&F CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2450 SW 137TH AVE., SUITE 228~~ ~~MIAMI, FL 33175~~	~~2450 SW 137TH AVE., SUITE 228~~ ~~MIAMI, FL 33175~~

2. Principal Place of Business	3. Mailing Address
4000 Ponce de Leon Blvd.	4000 Ponce de Leon Blvd.
Suite, Apt. #, etc. #770	Suite, Apt. #, etc. 770
City & State Coral Gables Fla.	City & State Coral Gables FLA
Zip 33146 County Dade	Zip 33146 Country Dade

02242005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-2428199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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

Street Address (P.O. Box Number is Not Acceptable)
ANA M. ROJAS P.A
1985 NW 88th Court #201

City MIAMI FL Zip Code 33172

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ALONSO, PATRICIA 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4000 Ponce de Leon Blvd #770 Coral Gables, FLA. 33146 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD FOSTER, CAROLLE 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4000 Ponce de Leon Blvd #770 Coral Gables FLA. 33146 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ADRIAN, JORGE 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4000 Ponce de Leon Blvd. #770 Coral Gables FLA. 33146 ☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Patricia Alonso 305 225-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #