


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000011517**

1. Entity Name  
**1800 BISCAYNE PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>275 NE 18TH ST.          MGMT OFFICE          MIAMI, FL 33132</b>	Mailing Address <b>275 NE 18TH ST.          MGMT OFFICE          MIAMI, FL 33132</b>
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3804109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DE MELO, CARLOS F  
 275 NE 18 ST  
 MGMT OFFICE  
 MIAMI, FL 33132**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELO, CARLOS F 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELO, MARTIN F 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZ, ROLANDO 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137
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 02/14/07-80013-017 61.25

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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.

**SIGNATURE:** *[Signature]* **01/31/07** **305-577-8804**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #