
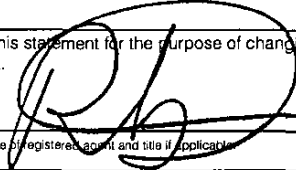
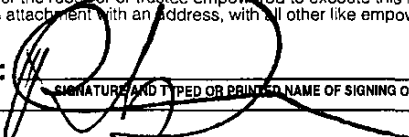


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90190 042 \*\*\*\*61.25

DOCUMENT #N05200			
1. Entity Name SALZEDO OFFICE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O THE TIMBERLAKE MANAGEMENT 6501 NW 36TH STREET STE 385 MIAMI, FL 33166 US		Mailing Address C/O THE TIMBERLAKE MANAGEMENT 6501 NW 36TH STREET STE 385 MIAMI, FL 33166 US	
2. Principal Place of Business 7953 NW 53 ST Suite, Apt. #, etc.		3. Mailing Address 7953 NW 53 ST Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166		Country US	
4. FEI Number 59-2494919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICES OF BRIAN W PARISER DATRAN II 9130 S DADELAND BLVD #1511 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Robert A. Dugger Sr. Street Address (P.O. Box Number is Not Acceptable) 7953 NW 53 ST City MIAMI FL Zip Code 33166	
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 4/26/05	
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRIEU, JORGE		NAME	
STREET ADDRESS 3971 SW 8TH ST STE 205		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33134		CITY-ST-ZIP	
TITLE PDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOCAL, ABELARDO		NAME	
STREET ADDRESS 3971 SW 8TH ST STE 205		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33134		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRIEU, MANUEL A.		NAME	
STREET ADDRESS 3971 SW 8TH STREET, #205		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP	
TITLE AVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUGGER, ROBERT A.		NAME	
STREET ADDRESS 6501 NW 36 ST #385		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33166		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE 4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 305-597-0920	
		Daytime Phone #	



04112005 Chg-NP CR2E037 (10/03)

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