


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

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90006 020 \*\*\*\*61.25

4003400



<b>DOCUMENT # N06000003396</b> 1. Entity Name OFFICE 163 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180		Mailing Address 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 3363 ne 163 st Suite, Apt. #, etc.		3. Mailing Address 10556 nw 26 st Suite, Apt. #, etc. Ste D203	
City & State North miami Beach FL		City & State Doral FL	
Zip 33160	Country USA	Zip 33172	Country USA
4. FEI Number 20-4608211		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 ROUSSO, MARK ESQ. 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ARAUJO, ALEJANDRO 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROTH, LEONARDO 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BOULANGER, LAURIS 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180	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
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 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: x <u>Orlando Arson</u>		Date 4/30/07	Daytime Phone # 305 594 5969