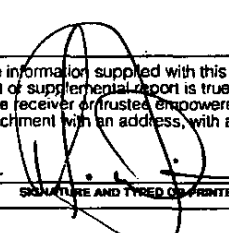


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-04-2004 90054 004 ****61.25

DOCUMENT # N06773 1. Entity Name W & R CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % ARMANDO WEISS 311 EAST 16TH STREET HIALEAH FL 33010			Mailing Address % ARMANDO WEISS 311 EAST 16TH STREET HIALEAH FL 33010		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISS, ARMANDO 311 EAST 16TH STREET HIALEAH FL 33010			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					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 WEISS, ARMANDO 311 EAST 16TH STREET HIALEAH FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PAZ, JUAN 315 EAST 16TH STREET HIALEAH FL 33010		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PAZ, JANE 315 EAST 16TH STREET HIALEAH FL 33010		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEISS, SHARON 311 E. 16TH ST. HIALEAH FL 33010		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ 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:  Armando Weiss - President. 2-12-04 305-885-1212 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					