
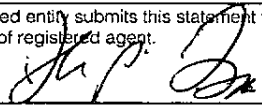


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N07654					
1. Entity Name NEW WORLD II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1460-A NW 107TH AVE. MIAMI FL 33172			Mailing Address 1460-A NW 107TH AVE. MIAMI FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ISERN, JOSEPH P. - RES. MGR. 1460-A NW 107TH AVE. MIAMI FL 33172				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 				DATE 05/02/04	
<small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, NOELIA			NAME	
STREET ADDRESS	1460 Q NW 107TH AVE.			STREET ADDRESS	U00000042780
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	02/10/04-80038-014 70.00
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMADA, MARIO			NAME	
STREET ADDRESS	1470 C NW 107TH AVE.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISERN, JOSEPH			NAME	
STREET ADDRESS	1460A NW 107 AV			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGRERA, PEDRO			NAME	
STREET ADDRESS	1460-M NORTHWEST 107 AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROZCO, PABLO			NAME	
STREET ADDRESS	1450 NORTHWEST 107 AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL			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	

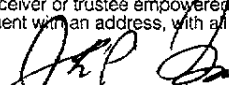


MOORE CR2E037 (11/03)

4. FEI Number **59-2530211** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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:  **Joseph P. Isern** DST. ex CAM. (305) 2/1/04 192 0124