


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N07976
 1. Entity Name
THE 8000 BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 8000 WEST FLAGLER STREET, SUITE 101 8000 WEST FLAGLER STREET, SUITE 101
 MIAMI, FL 33144 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0249324** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JAIME POZO
 8000 WEST FLAGLER STREET, SUITE 101
 MIAMI, FL 33144

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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, 2005

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

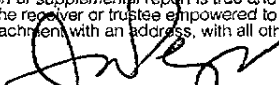
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POZO, JAIME A. 8000 W. FLAGLER, #101 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAJUELO, OSVALDO 8000 W. FLAGLER, #204 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POZO, EDUARDO 8000 W. FLAGLER, #203 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR