



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90197 009 ****61.25

DOCUMENT # N08478			
1. Entity Name BEROL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1601 W 64 ST 38 SEXTON COVE ROAD HIALEAH, FL 33012 US		Mailing Address 1601 W 64 ST HIALEAH, FL 33012 US	
2. Principal Place of Business 550 S.W. 138 Ave		3. Mailing Address	
Suite, Apt. #, etc. K 106		Suite, Apt. #, etc.	
City & State P. PINES FLA		City & State	
Zip 33027	Country U.S.A	Zip	Country
6. Name and Address of Current Registered Agent RAMIREZ, BARNABE 1601 W. 64TH ST. HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: BARNABE RAMIREZ Street Address (P.O. Box Number is Not Acceptable): 550 S.W. 138 Ave. APT. 106 City: P. PINES FLA Zip Code: 33027	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, BARNABE 1601 W 64 ST HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 S.W 138 Ave K106 P. PINES FLA 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, OLGA 1601 W 64 ST HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 S.W. 138 Ave K 106 P. PINES FLA 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, OLGA 1601 W. 64TH ST/ HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 S.W 138 Ave K106 P. PINES FLA 33027
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 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: 		BARNABE RAMIREZ PRESIDENT 02/21/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	