


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 		4. FEI Number 65-0121770	
Zip 33027		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	VD RAMIREZ, OLGA 1601 W 64 ST HIALEAH, FL 33012	<input type="checkbox"/> Delete			
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 type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		BARNABE RAMIREZ PRESIDENT 02/21/05 <small>Date Daytime Phone #</small>			