2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13119

1. Entity Name

SOUTH MIAMI BUSINESS CENTER SEC. FOUR CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 08, 2004 08:00 AM
Secretary of State

Principal Place of Business

7160 S.W. 47 ST. MIAMI, FL 33155 Mailing Address

7160 S.W. 47 ST. MIAMI, FL 33155





04022004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0012886

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTORAKES, GEORGE 7160 S.W. 47 ST. MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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.	coms or registered agent. Signature, typed or printed hame of registered agent and	tille II applicable. (NOTE: Registered	Agent slaneture	required when reinstating)	DATE
adjunction of the property of a photography and a photography and a photography (140, 121, 140, 141, 141, 141, 141, 141, 141, 14				· required which containing	- Contract of the Contract of
	Filing Fee is \$61.25 Due by May 1, 2004	 Election Campaign Financ Trust Fund Contribution. 	ing 🗌	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASMAR, MICHAEL 7166 S.W. 47 ST MIAMI, FL				. — .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONTORAKES, MARIA 7160 S.W. 47 ST MIAMI, FL				U00000106665 oqroqroq-8UU24-U19 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONTORAKES, GEORGE 7160 S.W. 47 ST. MIAMI, FL			DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP					
NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2004

305-661-0731

Daysima Phone #