


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N13119

1. Entity Name
SOUTH MIAMI BUSINESS CENTER SEC. FOUR
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7160 S.W. 47 ST. MIAMI, FL 33155	Mailing Address 7160 S.W. 47 ST. MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0012886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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: *George J. Contorakes* DATE: 3-24-2004

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 ASMAR, MICHAEL 7168 S.W. 47 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CONTORAKES, MARIA 7160 S.W. 47 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CONTORAKES, GEORGE 7160 S.W. 47 ST. MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000277433
03/26/05-80029-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *George J. Contorakes* DATE: 3-24-2003 DAYTIME PHONE: 305-661-0511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR