


***2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N14154
 1. Entity Name
 75 W. COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2637 W. 81 ST. HIALEAH, FL 33016	Mailing Address 2637 W. 81 ST. HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2748808	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE LA SIERRA, RAUL
 14370 LAKE CRESCENT PL.
 MIAMI LAKES, FL

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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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089261 03/15/04-80084-023 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA SIERRA, RAUL 14370 LAKE CRESCENT PL. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DE LA SIERRA, WILLIAM 12235 S.W. 43 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BRETT 6915 ALHAMSA ST. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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: _____ **Date:** _____ **Daytime Phone #:** 305-557-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR