2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90041 046 ****61.25

DOCUMENT # N34080

1. Entity Name
SOUTH DADE BUSINESS CENTRE CONDOMINIUM ASSOCIATION, INC.

Mailed on: _____

40006005

Principal Place of Business	Mailing Address
MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI, FL 33186 US	MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI, FL 33186 US

01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0143960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUDOVICI & LUDOVICI 17415 S DIXIE HWY EDWARD P LUDOVICI ESQ PALMETTO BAY, FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D PORTER, PHILIP 16115 SW 117 AVE 16 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD BRENNER, RICHARD 16155 SW 117TH AVE., #2 MIAMI, FL 33177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHARP, BYRON 16115 SW 117 AVE 1 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALISBURY, DAVID 16115 SW 117TH AVE., #3 MIAMI, FL 33177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEIDHART, PAUL 16115 SW 117TH AVE. MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D / T OLIVERA, ANTONIO 16115 SW 117TH AVE A-27 MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / Director Olivera, Antonio 16115 SW 117 Ave A-27 Miami, Fl 33177	☒ Change ☐ 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: _____ 1-20-05 305-259-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #