
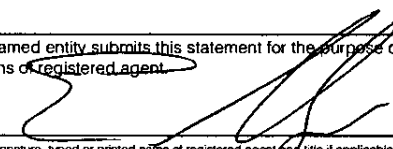
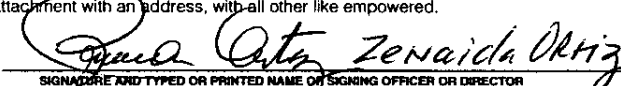


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90001 014 ****61.25

DOCUMENT # N94000003202 1. Entity Name SANS SOUCI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11960 NE 19 DRIVE NORTH MIAMI, FL 33181 US			Mailing Address 11960 NE 19 DRIVE NORTH MIAMI, FL 33181 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0510327	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREIRE, ALEXANDRA 11930 NE 19TH DRIVE, #24 MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Glazer and Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) Suite 806 1920 East Hallandale Beach Blvd. City Hallandale FL Zip Code 33009	
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 2-12-04	
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	
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 ORTIZ, ZENaida 11960 NE 19 DRIVE, #27 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERDOMO, ROBERTO 11945 NE 19 DRIVE, #8 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEAULIEU, FATIMA 11960 NE 19 DRIVE #22 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diana Cardona 11930 NE 19th Apt 10 N Ma FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken Grams 11960 NE 19 DR Apt 10 N Ma FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carole FARMAN 11960 NE 19 DR # 15 N Ma FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date 3/11/04 Daytime Phone # 305 892 9143	