2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2005 8:00 am Secretary of State DOCUMENT # N95000002765 03-14-2005 90075 009 ****61.25 WEST 74TH STREET II CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 2355 WEST 74 ST #101 2355 WEST 74 ST #101 HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182005 Chq-NP CR2E037 (10/03) 4. FEI Number 65-0911942 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISRAEL Morsleg PACHECO, CARLOS A 2355 W 74 ST #101 Street Address (P.O. Box Number is Not Acceptable). HIALEAH, FL 33016 74 ST. 2351 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. 1 am familiar with, and accept the obligations of registered agent. 3-10-05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Ρ TITLE TITLE Change ☐ Addition IS RORL MORALION PACHECO, CARLOS A NAME NAME STREET ADDRESS 2355 W 74 ST #101 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP HIALEAN FL- 33016 TITLE Delete TITLE Change Addition BARRIOS, GILBERTO NAME NAME Felix Ruiz 2351 W 745T. #101 HIALEAH FL. 33016 STREET ADDRESS 2355 W 74 ST #102 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition EDUSTED WOHG-NAME FREGIO, YOLANDO NAME 2359 W 74 St. #102 2351 W 74 ST #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP HIALEAL FL. 33016 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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changed, or on an attachm

SIGNATURE:

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