


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

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90007 003 \*\*\*\*61.25

DOCUMENT # N96000002029					
1. Entity Name EUCLID EAST CONDOMINIUM, INC.					
Principal Place of Business 1545 EUCLID AVENUE MIAMI BEACH, FL 33139 US		Mailing Address 306 ALCAZAR AVENUE, SUITE 303 CORAL GABLES, FL 33134 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1212469	
Zip		Country		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			7. Name and Address of New Registered Agent		
<del>                 BORTNICK, MICHAEL                  1545 EUCLID AVE APT 6K                  MIAMI BEACH, FL 33139             </del>			Name Marcelo Marcelo Penengo		
			Street Address (P.O. Box Number is Not Acceptable) 1545 Euclid Ave # 3K		
			City Miami Beach FL		
			Zip Code 33139		
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 <i>Marcelo Penengo</i> MARCELO PENENGO		DATE 1/15/04			
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	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUBIN, RHODA	NAME			
STREET ADDRESS	1545 EUCLID AVE. #4E,	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENENGO, MARCELO	NAME			
STREET ADDRESS	1545 EUCLID AVENUE #3-K	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROUNSTEIN, LON	NAME	Brounstein, Lon		
STREET ADDRESS	1545 EUCLID AVE #4-K	STREET ADDRESS	1545 Euclid Ave #4K		
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	Miami Beach FL 33139		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORTNICK, MICHAEL	NAME			
STREET ADDRESS	1545 EUCLID AVENUE #6-K	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERMIN, MANUEL	NAME			
STREET ADDRESS	1545 EUCLID AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Marcelo Penengo</i> MARCELO PENENGO		DATE: 1/15/04		DAYTIME PHONE #: 305 609 3526	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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