2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002029

Title:

Name:

Address:

City-St-Zip:

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MIAMI BEACH, FL 33139 US

FERMIN, MANUEL

1545 EVELID AVE.

FILED May 24, 2005 Secretary of State

Entity Name: EUCLID EAST CONDOMINIUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 1545 EUCLID AVENUE MIAMI BEACH, FL 33139 US **Current Mailing Address: New Mailing Address:** 306 ALCAZAR AVNEUE, SUITE 303 C/O BEACHWAY PROPERTY MANAGEMENT CORAL GABLES, FL 33134 1657 DREXEL AVENUE MIAMI BEACH, FL 33139 US FEI Number: 59-1212469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PENENGO, MARCELO 1545 EUCLID AVE APT 3K MIAMI BEACH, FL 33139 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Change () Addition () Delete RUBIN, RHODA Name: Name: Address: 1545 EUCLID AVE. #4E, Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: PENENGO, MARCELO Name: Address: 1545 EUCLID AVENUE #3-K Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition BROUNSTEIN, LON Name: Name: Address: 1545 EUCLID AVE #4-K Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: MARCELO PENENGO 05/24/2005

() Change () Addition