

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# N96000002029

Entity Name: EUCLID EAST CONDOMINIUM, INC.

**Current Principal Place of Business:**

1545 EUCLID AVENUE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BEACHWAY PROPERTY MANAGEMENT  
1657 DREXEL AVENUE  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

C/O BEACHWAY PROPERTY MANAGEMENT  
PO BOX 398718  
MIAMI BEACH, FL 33239 US

FEI Number: 59-1212469      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENENGO, MARCELO  
1545 EUCLID AVE APT 3K  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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:**

Title: DS      ( ) Delete  
Name: RUBIN, RHODA  
Address: 1545 EUCLID AVE. #4E,  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: P      ( ) Delete  
Name: PENENGO, MARCELO  
Address: 1545 EUCLID AVENUE #3-K  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT      ( ) Delete  
Name: BROUNSTEIN, LON  
Address: 1545 EUCLID AVE #4-K  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D      ( ) Delete  
Name: FERMIN, MANUEL  
Address: 1545 EVELID AVE.  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: MARCELO PENENGO

P

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date