

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005791

FILED  
Apr 27, 2008  
Secretary of State

**Entity Name:** THE METROPOLIS OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

934 - 16TH STREET  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLUE LEAF MANAGEMENT  
P.O BOX 190239  
MIAMI BEACH, FL 33119

**New Mailing Address:**

FEI Number: 65-0838503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLUE LEAF MANAGEMENT  
601 COLLINS AVENUE ,  
SUITES G-J  
MIAMI BEACH, FL 33139 US

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

BLUE LEAF MANAGEMENT  
601 COLLINS AVENUE ,  
SUITE A  
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: DOMINIQUE BAILLEUL      04/27/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SHINA, DANIEL  
Address: 934 16TH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP      ( ) Delete  
Name: JENNIE LEE, THOMPSON  
Address: 934 - 16TH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST      (X) Delete  
Name: BRIAN, FRAZIER  
Address: 934 - 16TH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL SHINA      PD      04/27/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date