

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90487 002 \*\*\*\*61.25

<b>DOCUMENT # N99000006388</b> 1. Entity Name VERANDA AT DORAL CONDOMINIUM NO. 4 ASSOCIATION, INC.			
Principal Place of Business 2500 NW 97 AVE #200 MIAMI, FL 33172		Mailing Address 2500 NW 97 AVE #200 MIAMI, FL 33172	
2. Principal Place of Business Guarantee Management		3. Mailing Address 6925 NW 42 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33166 Country		Zip 33166 Country	
6. Name and Address of Current Registered Agent  SPM GROUP INC. 2500 NW 97 AVE SUITE #200 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: Fein, Steven Street Address: 900 South State Road 7 City: Plantation FL Zip 33377	
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>[Signature]</i>		DATE: 4/18/05	
Filing Fee is \$61.25 Due by May 1, 2005		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASTOV, MARISOL 5255 NW 112 AVE #5 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amalia Ortega 5275 NW 112 AVE # 107 MIAMI, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV CRESPO, CLAUDIA 5255 NW 112TH AVENUE, #8 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miriam Silva 5255 NW 112 Ave #106 Miami, FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTIAGO, SOMALIA 5275 NW 112TH AVENUE, #8 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Emilia Delgado 5275 NW 112 Ave # 106 Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELAQUEZ, JESUS 5265 NW 112TH AVENUE, #4 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alfonso Ojeda 5265 NW 112 Ave # 105 Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTOS, SIMANUEL 5275 NW 112TH AVENUE, #2 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Faridis Velasquez 5265 NW 112 Ave # 104 Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>[Signature]</i>		DATE: 4/05	