## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 27, 2006 08:00 AM Secretary of State **DOCUMENT # P02000128999** 53RD TERRACE CONDOMINIUM, INC. Principal Place of Business Mailing Address 6999 NW 53RD TERR 6999 NW 53RD TERR MIAMI, FL 33166 US MIAMI, FL 33166 02242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI NUMber 36-4520450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, JOSE A DO NOT WRITE **6999 NW 53RD TERR** MIAMI, FL 33166 IN THIS SPACE 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agem signature required when reinstating) DATE P. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PEREZ, JOSE NAME STREET ADDRESS 6999 NW 53RD TERR HURABU449230 MIAMI, FL 33166 CITY-ST-ZIP 16)/09/06 80047-004 150.80 TITLE NAME STREET ADDRESS CITY-ST-ZIP BTIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cetty; that I am an officer or director of the corporation or the receiver of flustee empowered to execute this report as required by Chapter 607, 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:

TITLE NAME STREET ADDRESS

CITY'ST-ZIP

DOSE A. FELEZ
DOSE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 3 km

PRES

FEB 24,2006

**FILED** 

786-586-4390