

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90044 030 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P03000120949 1. Entity Name ONE MIAMI CONDO NO. 1223, CORP. | | | | | |
| Principal Place of Business 150 SE 2ND AVE. #1200 MIAMI, FL 33131 | | | Mailing Address 150 SE 2ND AVE. #1200 MIAMI, FL 33131 | | |
| 2. Principal Place of Business 1001 BRICKELL BAY DRIVE | | | 3. Mailing Address 1001 BRICKELL BAY DRIVE | | |
| Suite, Apt. #, etc. 1400 | | | Suite, Apt. #, etc. 1400 | | |
| City & State MIAMI, FLORIDA | | | City & State MIAMI, FLORIDA | | |
| Zip 33131 | | Country USA | | Zip 33131 | |
| Country USA | | 4. FEI Number 20-0848740 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MULLER, FRANK H 150 SE 2ND AVE. #1200 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name BORIS ROSEN Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE SUITE 1400 City Mi Ami FL Zip Code 33131 | | |
| 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 DATE 2/1/06 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating! | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD <input type="checkbox"/> Delete MULLER, FRANK 150 SE 2ND AVE. #1200 MIAMI, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD - MULLER FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DR STE 1400 MIAMI, FL 33131 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete RICK DE MULLER, BRIGITTE J 150 SE 2ND AVE. #1200 MIAMI, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD-RICK DE MULLER, BRIGITTE J <input type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DR STE 1400 MIAMI, FL 33131 | |
| 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 | |
| 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 | |
| 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 | |
| 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 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 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 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: | | | FRANK MULLER 2/1/06 (305)374-2001 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |