


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N20010 1. Entity Name 1514 SALZEDO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1514 SALZEDO STREET CORAL GABLES FL 33134-3966	Mailing Address 1514 SALZEDO STREET CORAL GABLES FL 33134-3966
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0053449	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SILVERSTEIN, MYRA 1514 SALZEDO ST #2 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete AREL, MARLENE E. 1514 SALZEDO ST., UNIT 3 CORAL GABLES FL
NAME	SD <input type="checkbox"/> Delete PACITTI, JOANNE 1514 SALZEDO ST., UNIT 1 CORAL GABLES FL
STREET ADDRESS	TD <input type="checkbox"/> Delete SILVERSTEIN, MYRA 1514 SALZEDO ST., UNIT 2 CORAL GABLES FL
CITY - ST - ZIP	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000042394
STREET ADDRESS	02/10/04-80022-014 61.25
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 19.07(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: Myra Silverstein MYRA SILVERSTEIN 2-6-04 (305) 442-0170