


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - 2004**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90276 036 ****61.25

DOCUMENT # N05166
1. Entity Name
 PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

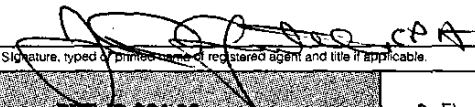
2. Principal Place of Business 1601 N. PALM AVE., STE. 304F Suite, Apt. #, etc. PEMBROKE PINES FL		3. Mailing Address 1601 N. PALM AVE., STE. 304F Suite, Apt. #, etc. PEMBROKE PINES FL	
City & State 33026 USA	City & State 33026 USA	4. FEI Number 59-2648438	
Zip	Country		

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name <u>GENTILE, JOHN</u>	
Street Address (P.O. Box Number is Not Acceptable)	
1601 N. PALM AVENUE SUITE 212	
City PEMBROKE PINES	State FL
Zip Code 33026	

DO NOT WRITE 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 the obligations of registered agent.

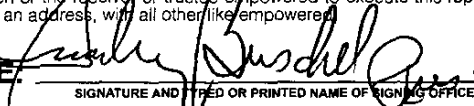
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSCHEL, BRADLEY 3600 N. PARK ROAD HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTI, PETE 1601 N. PALM AVENUE, SUITE 308 PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTILE, JOHN 1601 N. PALM AVENUE, SUITE 212 PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUTNER, MARK 1601 N. PALM AVENUE SUITE 104 PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAUTNER, BEVERLY 1601 N., PALM AVENUE SUITE 104 PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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 on an attachment with an address, with all other like empowerers.

SIGNATURE  DATE 4/20/04 DAYTIME PHONE # 954-240-3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)