2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State
08-17-2004 90001 009 ****61.25
07-29-2004 90001 035 ****61.25

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07202004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000007141

1. Entity Name
OAK AVENUE PARKING PLAZA CONDOMIMIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
444 S.W. 2ND AVENUE SUITE 945 MIRAMAR, FL 33130	444 S.W. 2ND AVENUE SUITE 945 MIRAMAR, FL 33130

2. Principal Place of Business	3. Mailing Address
Miami Parking Authority	190 NE 3rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33132 Country: USA	Zip: 33132 Country: USA

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Arthur Noriega
Street Address (P.O. Box Number is Not Acceptable): c/o Miami Parking Authority
190 NE 3rd Street
City: Miami FL Zip Code: 33132

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIVERO, OSCAR 3059 Grand Avenue, Suite 1410 Coconut Grove, FL 33133	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD KOSNITZKY, MICHAEL 100 S.E. 2ND ST., SUITE 2800 MIAMI, FL 33131	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILL, MARLON 200 South Biscayne Blvd., S-2680 Miami, FL 33131	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERTZ, ARTHUR 3195 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jami Reyes 150 SE 2nd Avenue, Suite 1302 Miami, FL 33131	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #