

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90069 023 ****61.25

DOCUMENT # 715923 1. Entity Name GREEN HILLS PARK WEST NO. 3, INC.					
Principal Place of Business 17070 SW 112 CT. MIAMI, FL 33157			Mailing Address C/O MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40007604 	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1231690	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TRIAT, CARLOS 10570 NW 27 ST MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 May 1, 2008		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	P BADILLO, EMILIA 11349 SW 172 ST MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rita Jooad</i> 17134 SW 113 CT MIAMI, FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVOLETSKI, JOE JOSEPH M. 17205 SW 113 CT MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTSON, DONNA 17202 SW 113 CT. MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, VIOLA 17159 SW 113 CT MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, JOSE 11394 SW 171 ST MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PTEIFER, PEARL 17131 SW 113 CT MIAMI, FL 33157	☐ 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 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 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: <i>Emilia Badillo Monts</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>January 9 2008</i> Daytime Phone # <i>305-251-4327</i>		