

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 729601

1. Entity Name
GRATIGNY PLAZA CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**7345 W 4TH AVENUE
APT 408
HIALEAH, FL 33014 US**

Mailing Address
**7345 W 4TH AVENUE
APT 408
HIALEAH, FL 33014 US**



07062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1612846

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOLER, OLGA
7345 WEST 4TH AVE. APT. 408
HIALEAH, FL 33014**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

U000000569923

07/13/06-80009-008 61.25

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLLEDA, JOSE 7355 W 4TH AVE #416 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTERO, AMPARO 7345 W 4TH AVE #406 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIETO, OLGA 7345 WEST 4TH AVENUE #202 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTILLO, ZORAIDA 7345 W 4TH AVE #408 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jose Molleda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06

DATE

305-556 0829

DAYTIME PHONE #