


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90185 027 ****61.25

DOCUMENT # 733364

1. Entity Name
4011 PROFESSIONAL CENTER CONDOMINIUM, INC.



Principal Place of Business
JORGE ARMADA, P.A.
~~%CENTRUST REALTY, INC.~~
4011 W FLAGLER ST, SUITE 404
MIAMI FL 33134
US

Mailing Address
JORGE ARMADA, P.A.
~~%CENTRUST REALTY, INC.~~
4011 W FLAGLER ST STE 404
MIAMI FL 33134
US

50023774



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
4011 WEST FLAGLER STREET
Suite, Apt. #, etc.
SUITE # 501

3. Mailing Address
4011 WEST FLAGLER STREET
Suite, Apt. #, etc.
SUITE # 501

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33134-1643

Country

Zip
33134-1643

Country

4. FEI Number
59-1652669

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VELASCO, ROLANDO
4011 W FLAGLER ST
404
MIAMI FL 33134

7. Name and Address of New Registered Agent

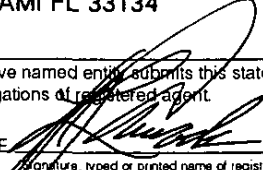
Name **JORGE L. ARMADA**

Street Address (P.O. Box Number is Not Acceptable)
4011 WEST FLAGLER STREET

SUITE 501

City **MIAMI** FL Zip Code **33134-1643**

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  **JORGE L. ARMADA** DATE **MARCH 2, 2005**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALENCIA, NELLY 4011 W FLAGLER ST 203 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMADA, JORGE 4011 W FLAGLER STREET #501 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, CHARLIE 4011 W FLAGLER STREET #405 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, BEATRIZ 4011 W FLAGLER ST #506 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRA, EDY A 4011 W FLAGLER ST., # 506 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASCO, ROLANDO 4011 W FLAGLER STREET, #404 MIAMI, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **JORGE L. ARMADA** DATE **MARCH 2, 2005** DAYTIME PHONE # **305-541-5412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR