


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000456

1. Entity Name
PARKWEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9920 NW 21 STREET MIAMI, FL 33172	Mailing Address 9920 NW 21 STREET MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1074840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MARIA
 9920 N.W. 21 STREET
 MIAMI, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

U000000016346
 01/28/04-90051-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, EDUARDO 9930 N.W. 21 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBO, OCTAVIO F 9900 N.W. 21 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, MARIA 9920 N.W. 21 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: Martin Madallo Arz. **01/16/04** **(305) 471-0407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #