


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N0100000456</b> 1. Entity Name <b>PARKWEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>9920 NW 21 STREET MIAMI, FL 33172</b>	Mailing Address <b>9920 NW 21 STREET MIAMI, FL 33172</b>
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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE 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 \_\_\_\_\_ (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

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	SD MARTIN, MARIA 9920 N.W. 21 STREET MIAMI, FL 33172
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 03/04/08-80003-002 61.25

**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 another like empowered.

**SIGNATURE:** *Maria Martin* **2/15/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #