


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01750**  
 1. Entity Name  
**THE FOUR STAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 1374 W. 44 ST. HIALEAH, FL 33012 US	Mailing Address 1374 W. 44 ST. HIALEAH, FL 33012 US
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 16-1680750	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

FERREY, PAOLA  
 1374 W. 44 ST.  
 HIALEAH, FL 33012

**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, 2007**

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	P FERREY, PAOLA 1374 W. 44 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ENRIQUE 1374 W. 44 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONZON, JULIETA 1374 W. 44 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, BETSY 1374 W. 44 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000748345  
 05/17/07-80062-019 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 all other like empowered.

SIGNATURE: Paula E. Ferrey Paula E. Ferrey ABRIL-26-07 323-0549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #