2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Sep 09, 2004 8:00 am Secretary of State DOCUMENT # N02361 09-09-2004 90005 006 ****61.25 ANGIE I CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 1311 WEST 44TH STREET 1311 WEST 44TH STREET 54072146 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) MOORE Applied For City & State 4. FEI Number City & State 00-0000000 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 1311 WEST 44TH STREET #C HIALEAH FL 33012 Zip Code City 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 ag FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE RODRIGUEZ, LUIS NAME 1311 WEST 44TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP . CITY-ST-ZIE VΤ ☐ Delete ☐ Change Addition TITLE TITLE ECHEMENDIA, DAMASO NAME 1311 WEST 44TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE SANCHEZ, ZOILA NAME NAME 1311 WEST 44TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MADRUGA, EVELIO NAME 1311 WEST 44TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-7IP 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 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.

FILED

Daytime Phone #