

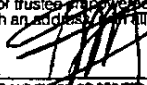
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-14-2004 90017 020 **** 70.00

FILED N03000004943

SECRETARY OF STATE
DIVISION OF CORPORATION

04 AUG -4 AM 8:47

DOCUMENT # N03000004943					
1. Entity Name SAN FRANCISCO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1751 W. 42ND ST. HIALEAH, FL 33012			Mailing Address 1751 W. 42ND ST. HIALEAH, FL 33012		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 86-1070290	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOBERON, JOSE R 6870 BAMBOO ST. MIAMI LAKES, FL 33014				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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)					
Filing Fee is \$61.25 Due by May 1, 2004		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	D	☐ Delete			
NAME	SOBERON, JOSE R				
STREET ADDRESS	6870 BAMBOO ST.				
CITY-ST-ZIP	MIAMI LAKES, FL 33014				
TITLE	D	☐ Delete			
NAME	SOBERON, GISELA				
STREET ADDRESS	6870 BAMBOO ST.				
CITY-ST-ZIP	MIAMI LAKES, FL 33014				
TITLE	D	☐ Delete			
NAME	ALBERT, GERVASIO				
STREET ADDRESS	900 W. 32ND ST.				
CITY-ST-ZIP	HIALEAH, FL 33012				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 authorized 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 in all other like empowered.					
SIGNATURE: 		JOSE R. SOBERON		04/12/04	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					