


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90100 008 ****61.25

DOCUMENT # N04000005184
 1. Entity Name
 MPG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 6065 NW 167TH STREET SUITE B-23
 MIAMI, FL 33015

Mailing Address
 6065 NW 167TH STREET SUITE B-23
 MIAMI, FL 33015

40047593



2. Principal Place of Business - No P.O. Box #
 18710 SW 107th Ave
 Suite, Apt. #, etc.
 # 32

3. Mailing Address
 Suite, Apt. #, etc.

03122007 Chg-NP CR2E037 (12/06)

City & State
 Miami FL

City & State

Zip
 33157

Country
 DADE

Zip

Country

4. FEI Number
 20-2992206

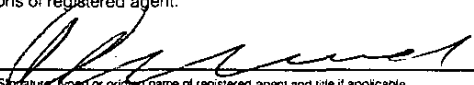
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RAHMANPARAST, MAHMOOD
 6065 NW 167TH STREET SUITE B-23
 MIAMI, FL 33015

7. Name and Address of New Registered Agent
 Name
 G. O. L. Henriques
 Street Address (P.O. Box Number is Not Acceptable)
 18710 SW 107th Ave #32
 Miami FL 33157
 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  DATE 3-21-07

Signature, typed or printed name of registered agent and title if applicable. (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

Make check payable to Florida Department of State

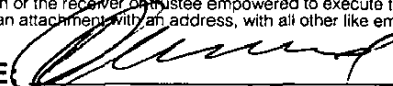
10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HENRIQUES, G.O.L. 10717 SW 10 ST MIAMI, FL 33176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ORTA, PABLO 18710 SW 107 AVE #12 MIAMI, FL 33157 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FRAY, BERBETH 15871 SW 108 AVE MIAMI, FL 33157 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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  DATE 3-21-07 305 971-6161

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