


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

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90002 030 \*\*\*\*61.25

**DOCUMENT # N04000005184**

1. Entity Name  
 MPG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 18710 SW 107TH AVE  
 #32  
 MIAMI, FL 33157

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 18710 SW 107TH AVE

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
 32

City & State  
 MIAMI, FLORIDA

Zip  
 Country  
 33157 USA

40100011



05142008 Chg-NP CR2E037 (12/06)

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

HENRIQUES, G.O.L.  
 18710 SW 107TH AVE  
 MIAMI, FL 33157  
 SUITE #32

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  GOL HENRIQUES DATE 5.13.08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  GOL HENRIQUES DATE 5/13/08 305-971-6161

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