

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005184

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MPG CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18710 SW 107TH AVE  
#32  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18710 SW 107TH AVE #32  
MIAMI, FL 33157 US

**New Mailing Address:**

FEI Number: 20-2992206      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENRIQUES, G.O.L.  
18710 SW 107TH AVE  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HENRIQUES, G.O.L.  
Address: 10717 SW 10 ST  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: ORTA, PABLO  
Address: 18710 SW 107 AVE #12  
City-St-Zip: MIAMI, FL 33157

Title: TD ( ) Delete  
Name: FRAY, BERBETH  
Address: 15871 SW 108 AVE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: PILAFIAN, MARTY  
Address: 18710 SW 107 AVE #14  
City-St-Zip: MIAMI, FL 33157

Title: TD (X) Change ( ) Addition  
Name: FRAY, BERBETH  
Address: 18710 SW 107TH AVE, #8  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOL HENRIQUES

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date