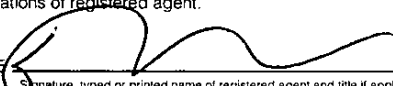
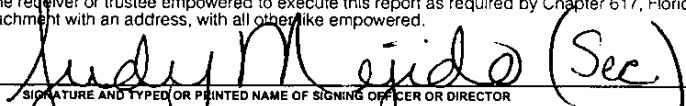


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90271 007 ****61.25

DOCUMENT # N04000008549 1. Entity Name 107 AVENUE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9560 SW 107TH AVE MIAMI, FL 33176			Mailing Address 396 ALHAMBRA CIRCLE 230 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 02-0546891				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HABER/ROBERT M 520 BRICKELL KEY DRIVE SUITE 0-308 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>IRA B. PRICE</u> Street Address (P.O. Box Number is Not Acceptable) <u>9560 S.W. 107 Ave #202</u> <u>MIAMI, FL 33176</u> City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33176</u>		
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  Signature, typed or printed name of registered agent and title if applicable.			DATE <u>4/19/07</u> (NOTE: Registered Agent signature required when reinstating)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P / D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PRICE, IRA		NAME		
STREET ADDRESS	9560 SW 107 AVE #202		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE	VP / D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CARMONA, FELIPE		NAME		
STREET ADDRESS	9560 SW 107TH AVE #204		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE	T / D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MEJIDO, JUDY		NAME		
STREET ADDRESS	9560 SW 107TH AVE #205		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>4/19/07</u> Daytime Phone #		