


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

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000010791**

1. Entity Name  
**RAYMOND INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**2018 SW 138TH CT.  
 MIAMI, FL 33175**      **2018 SW 138TH CT.  
 MIAMI, FL 33175**

**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP      CR2E037 (4/06)

4. FEI Number  
**13-4289568**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOBRADO, RAMON  
 2018 SW 138TH CT.  
 MIAMI, FL 33175**

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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)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	<b>DIAZ, ALEXANDER</b>
STREET ADDRESS	<b>13365 SW 135 AVE, UNIT 102</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
TITLE	D
NAME	<b>SOBRADO, LEONOR</b>
STREET ADDRESS	<b>2018 SW 138TH CT.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
TITLE	D
NAME	<b>GONZALEZ, MARTIZA</b>
STREET ADDRESS	<b>2018 SW 138TH CT.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/25/08-80006-003 70.00

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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:** *[Signature]* Director      2/11/08      (305) 613-9960

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