


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90051 023 ****70.00

DOCUMENT # N06000006877			
1. Entity Name HAMPTON PROFESSIONAL CENTER CONDOMINIUM NO.6 ASSOCIATION, INC.		Principal Place of Business C/O OSCAR J DELGADO 6450 W 21 CT STE 301 HIALEAH, FL 33016	
2. Principal Place of Business - No P.O. Box # C/O Tony CHINYE #202 1911 NW 150th AVE Pembroke Pines FL		3. Mailing Address C/O OSCAR J DELGADO 6450 W 21 CT STE 301 HIALEAH, FL 33016	
4. FEI Number 68-0637539		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03122007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DELGADO, OSCAR J 6450 W 21 CT STE 301 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name: C/O TONY CHINYE Street Address (P.O. Box Number is Not Acceptable): 1911 NW 150th AVENUE SUITE-202 City: PEMBROKE PINES 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: <u>[Signature]</u> TONY CHINYE DATE: 3/14/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: D <input checked="" type="checkbox"/> Delete NAME: DELGADO, OSCAR J STREET ADDRESS: 6450 W 21 CT STE 301 CITY-ST-ZIP: HIALEAH, FL 33016	TITLE: DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: AMETTE CASSELL STREET ADDRESS: 1911 NW 150th AVENUE SUITE 203-204 CITY-ST-ZIP: PEMBROKE PINES FL 33028	TITLE: D <input checked="" type="checkbox"/> Delete NAME: DELGADO, JOSE M STREET ADDRESS: 6450 W 21 CT STE 301 CITY-ST-ZIP: HIALEAH, FL 33016	TITLE: DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: PETER LOPEZ STREET ADDRESS: 1911 NW 150th AVENUE SUITE 201 CITY-ST-ZIP: PEMBROKE PINES FL 33028
TITLE: D <input checked="" type="checkbox"/> Delete NAME: ESPINOSA, LUIS M STREET ADDRESS: 6450 W 21 CT STE 301 CITY-ST-ZIP: HIALEAH, FL 33016	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: FERNANDO DaCOSTA STREET ADDRESS: 1911 NW 150th AVENUE SUITE 104 CITY-ST-ZIP: PEMBROKE PINES FL 33028	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: CHRIS RICCI STREET ADDRESS: 1911 NW 150th AVENUE SUITE 4 CITY-ST-ZIP: PEMBROKE PINES FL 33028
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: TONY CHINYE DT STREET ADDRESS: 1911 NW 150 AVE. #202 CITY-ST-ZIP: PEMBROKE PINES, FL 33028	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> Treasurer		Date: 3/14/07 Daytime Phone #: 954437-7777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			