2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09832

1. Entity Name
FLAMENCO CONDOMINIUM ASSOCIATION, INC.

FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90110 018 ****61.25

ice of Business	Mailing Address	 000104

2. Principal Place of Business - No P.O. Box #	3. Mailing Address AS for Managerath Service	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02012007

			1						
Principal Plac 1055 WEST HIALEAH, FL	77TH STREET	Mailing Address 2100 WEST 76 STREET 407 HIALEAH, FL 33016				60012	109		
	Place of Business - No P.O. Box #	3. Mailing Address	<i>u s</i>						
Suite, Apt.	Honogeneral Services	Suite, Apt. #, etc.	genott Str	ارم					
3400 W			"Street	# (10)	02012007 Ch	ng-NP	CR2E037	(12/06)	
City & Stat	e	City & State			4. FEI Number 59-253992	0		_ 	plied For t Applicable
330U	Country USA	Zip 33016	Country		5. Certificate of Sta	atus Desired		3.75 Add	
6. Name and Address of Current Registered Agent			7	7. Name and Add	ress of New Re	gistered Age	ent		
ASTOR M	ANAGEMENT SERVICES		Name						
	T 76TH STREET		Street Ac	ddress (P.C	D. Box Number is N	Not Acceptable)			
HIALEAH,	FL 33016								
			City				FL	Zip Code	9
The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or	registered	agent, or both, in	the State of Flor	ida. I am farr	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE: Ri	egistered Agent signatur	re required whe	en reinstating)		DATE:		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cor			5.00 May Be dded to Fees		ke check p la Departme	-	
40									
10.	OFFICERS AND DIR	ECTORS	11.		DITIONS/CHANGE	ES TO OFFICER	S AND DIREC	CTORS IN	10
TITLE	D	ECTORS Delete	TITLE	PD -				CTORS IN	10 Addition
TITLE NAME	D RUVIERA, JUAN		TITLE	PD -					
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owered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. of the corporation or the receiver of tri changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #