## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 13, 2007 DOCUMENT# N26853 Secretary of State

Entity Name: THE 300 BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

300 SW 107 AVENUE MIAMI, FL 33174

**Current Mailing Address: New Mailing Address:** 

400 SW 107 AVENUE MIAMI, FL 33174

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MARTINEZ, ERNESTO ACOSTA, CARLOS 300 S.W. 107TH AVE 300 S.W. 107TH AVE STE 210 STE 207 MIAMI, FL 33174 US MIAMI, FL 33174 US

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: CARLOS ACOSTA 07/13/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

ACOSTA, CARLOS Name: Name: 300 SW 107 AVE #208 Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip:

Title: ( ) Delete Title: TD (X) Change ( ) Addition

Name: MARTINEZ, ERNESTO Name: OJEDA, NEIT Address: 300 SW 107 AVE, STE 210 Address:

300 SW 107 AVE, STE 101 City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33174

Title: () Delete Title: () Change () Addition

BERMUDEZ, DENIS Name: Name: 300 SW 107 AVE #204 Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: PEREZ, TINA Name: Address: 300 S.W. 107TH #205 Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip:

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: CARLOS ACOSTA PD 07/13/2007