


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90065 021 ****61.25

DOCUMENT # N40103					
1. Entity Name VILLAGE WEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business THE FOSTER COMPANY P.O. BOX 565820 MIAMI, FL 33256-5820 US		Mailing Address THE FOSTER COMPANY P.O. BOX 565820 MIAMI, FL 33256-5820 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>12396 SW 82 Ave</i>		Suite, Apt. #, etc. <i>12396 SW 82 Ave</i>			
City & State <i>MIAMI FL</i>		City & State <i>MIAMI, FL</i>			
Zip <i>33156</i>	Country <i>US</i>	Zip <i>33156</i>	Country <i>US</i>	01092004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0244572			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOTT, F. JOSEPH 12394 S.W. 82 AVE MIAMI, FL 33156			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	<i>SD PD</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAU, BARRY		NAME		
STREET ADDRESS	8009 NW 29TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDI, CARLOS		NAME		
STREET ADDRESS	8003 NW 29TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDI, ADOL		NAME		
STREET ADDRESS	8003 NW 29 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<i>VPD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>MANUEL DUARTE</i>	
STREET ADDRESS			STREET ADDRESS	<i>2917 NW 82 AVE</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>MIAMI, FL 33122</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<i>SD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>FERNANDO COBO</i>	
STREET ADDRESS			STREET ADDRESS	<i>8015 NW 29 ST</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>MIAMI, FL 33122</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>		Date: <i>1/14/04</i>		Daytime Phone #: <i>305-254-7228</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					