


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90014 039 \*\*\*\*61.25

**DOCUMENT # N40103**

1. Entity Name  
**VILLAGE WEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**



40027736



Principal Place of Business  
**THE FOSTER COMPANY**  
**12396 SW 82 AVE**  
**MIAMI, FL 33156 US**

Mailing Address  
**THE FOSTER COMPANY**  
**12396 SW 82 AVE**  
**MIAMI, FL 33156 US**

2. Principal Place of Business - No P.O. Box #  
**9000 SW 152nd Street**

3. Mailing Address  
**9000 SW 152nd Street**

Suite, Apt. #, etc.  
**#102**

Suite, Apt. #, etc.  
**#102**

01112007 Chg-NP CR2E037 (12/06)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33157**

Country  
**USA**

Zip  
**33157**

Country  
**USA**

4. FEI Number  
**65-0244572**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCOTT, F. JOSEPH**  
**12394 S.W. 82 AVE**  
**MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

Name  
**F. JOSEPH SCOTT**

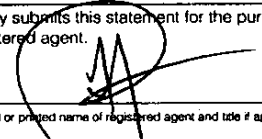
Street Address (P.O. Box Number is Not Acceptable)  
**9000 SW 152nd Street #102**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33157**

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  DATE **2/20/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>SD PD</b>	<input type="checkbox"/> Delete
NAME	<b>LAU, BARRY</b>	
STREET ADDRESS	<b>8009 NW 29TH ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>DUARTE, MANUEL</b>	
STREET ADDRESS	<b>2917 SN 82AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE	<b>SD STD</b>	<input type="checkbox"/> Delete
NAME	<b>COBO, PERNANDO</b>	
STREET ADDRESS	<b>8015 NW 29ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  DATE **2/16/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #