

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

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N93000005513 1. Entity Name <b>FLIGHTWAY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>%HAYDEE CEBALLOS          354 SEVILLA AVE.          CORAL GABLES, FL 33134</b>	Mailing Address <b>%HAYDEE CEBALLOS          354 SEVILLA AVE.          CORAL GABLES, FL 33134</b>
--	--

**DO NOT WRITE IN THIS SPACE**

04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0560934</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CEBALLOS, HAYDEE  
 354 SEVILLA AVE.  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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**

000000750850  
 05/25/07-80032-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCISCO, VALTER J %354 SEVILLA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CEBALLOS, HAYDEE 354 SEVILLA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PIMENTA, JOSUE DIMAS D %354 SEVILLA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Haydee Ceballos* **HAYDEE CEBALLOS** 4/30/07 305-448-5255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 S.D.