


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N9400006174				
1. Entity Name WESTWOOD BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business P.O. BOX 522333 MIAMI FL 33152		Mailing Address P.O. BOX 522333 MIAMI FL 33152		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0557426
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALTY, INC. 8625 NW 8TH STREET APT #413 MIAMI FL 33126				Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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.				1st MOORE CR2E037 (10/06)
SIGNATURE _____				DATE _____



FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FRESNILLO, CARLOS	NAME	
STREET ADDRESS	2200 NW 102 AVE., 6B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HASSAN, ALLAWIE	NAME	
STREET ADDRESS	2201 NW 102 PLACE 2A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DANIEL, DURAND	NAME	
STREET ADDRESS	2200 NW 102 AVE., 2B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 exemptions contained in Section 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: 