

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90001 046 \*\*\*\*61.25

<b>DOCUMENT # N95000002075</b> 1. Entity Name <b>WEST HIALEAH INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1770 W. 40TH ST. HIALEAH, FL 33012</b>			Mailing Address <b>1775 W 39 PL UNIT A HIALEAH, FL 33012 US</b>		
2. Principal Place of Business		3. Mailing Address <b>1770 W. 40 St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 8</b>			
City & State		City & State <b>Hialeah FL</b>			
Zip	Country	Zip <b>33012</b>	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MERCHANT, ZAFER --- 1775 W 39 PL UNIT A HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>FUENTES, JESUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1770 W. 40 St # 8</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MERCHANT, ZAFER 1775 WEST 39 PL UNIT A HIALEAH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUENTES, JESUS 1770 W 40 ST BAY 8 HIALEAH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCHANT, SHAHNEZ 1775 W. 39TH PL. UNIT A HIALEAH, FL 33012		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>JUNE 3rd 06</b>				Daytime Phone #	