2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-12-2004 90010 046 ****61.00
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FILED
04 MAR 17 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005458

1. Entity Name
CARIBBEAN WAREHOUSE CENTER CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
6905-21 N.W. 52 STREET MIAMI, FL 33166	3155 N.W. 82ND AVENUE, #101 MIAMI, FL 33122

03082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 228055 Suite, Apt. #, etc. Attn. M. Palacios
City & State	City & State Miami FL
Zip / Country	Zip 33122 / Country USA

4. FEI Number 65-1153721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE DORAN JASON GROUP OF FLORIDA
3155 N.W. 82 AVENUE, #101
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name MP Property Management
Street Address (P.O. Box Number is Not Acceptable)
3575 West 72 Street
City Hialeah FL Zip Code 33018

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 _____ Myrian J. Palacios March 8/2004
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YIDI, WILLIAM 6942 NW 50 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD YIDI, CARLOS 6942 NW 50 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YIDI, ANDRES 6942 NW 50 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TORMES, FRANCISCO 6913 NW 50 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RALUY, ANTONIO 6921 N.W. 52 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/3/17
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3-8-2004 305 8280055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #