


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004286

1. Entity Name
FLIGHTWAY CORPORATE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134	Mailing Address C/O HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134
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04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0981407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CEBALLOS, HAYDEE CPA
 354 SEVILLA AVENUE
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

U00000344146
 04/29/05-80125-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELO PIMENTA, JOSUE 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CEBALLOS, HAYDEE CPA 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO, VALTER JOSE 354 SEVILLA AVENUE CORAL SPRINGS, 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 exemption stated in Section 119.07(3)(f), 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** 4/27/05 305 448-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

- PRES. -