

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107579

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SECTION 17 TRACTS 57 & 58 CORP.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD., SUITE 501  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD., SUITE 501  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0803905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IRIONDO, ANDRES  
901 PONCE DE LEON BLVD., SUITE 501  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MINI, JUAN  
Address: 881 OCEAN DR, #13-H  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD ( ) Delete  
Name: MINI, JORGE  
Address: 881 OCEAN R, #13-H  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: STD ( ) Delete  
Name: MINI, AYLEEN  
Address: 881 OCEAN DR, #13-H  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: AS ( ) Delete  
Name: RIONDO, ANDRES J  
Address: 901 PONCE DE LEON BLVD. #501  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN MINI

PD

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date