

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 008 ****61.25

DOCUMENT # 710950

1. Entity Name
FIRST MOORINGS CONDOMINIUM, INC.



Principal Place of Business: **MJB Management Services, Inc.**
19501 NE 10th Avenue, Suite 300
North Miami Beach, FL 33179

Mailing Address: **MJB MANAGEMENT SERVICES, INC**
10 NE 19TH AVENUE
MIAMI BEACH, FL 33162

14004043



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1166747

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MJB Management Services, Inc.
19501 NE 10th Avenue, Suite 300
North Miami Beach, FL 33179

MJB Management Services, Inc.
19501 NE 10th Avenue, Suite 300
North Miami Beach, FL 33179

ES, INC

Zip Code
33162

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-14-04

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 PD
NAME FERNANDEZ, JULIO ☒ Delete
STREET ADDRESS 1591 NE MIAMI GARDENS DR 3103
CITY-ST-ZIP MIAMI, FL 33179

TITLE VD
NAME RAMOUL, MOURAD ☐ Change ☒ Addition
STREET ADDRESS 1591 NE MIAMI GARDENS DR #214
CITY-ST-ZIP MIAMI FL 33179

TITLE VPD
NAME ALCAZAR, MANNY ☒ Delete
STREET ADDRESS 1591 NE MIAMI GARDENS DR #101
CITY-ST-ZIP MIAMI, FL 33179

TITLE SD
NAME REYNOSO, MIREYA ☐ Change ☒ Addition
STREET ADDRESS 1591 NE MIAMI GARDENS DR
CITY-ST-ZIP MIAMI, FL 33179

TITLE TD
NAME OSPINA, JULIO ☒ Delete
STREET ADDRESS 1591 NE MIAMI GARDENS DR #302
CITY-ST-ZIP MIAMI, FL 33179

TITLE PD
NAME SUAREZ EDGAR ☐ Change ☒ Addition
STREET ADDRESS 1591 NE MIAMI GARDENS DR #210
CITY-ST-ZIP MIAMI FL 33179

TITLE SD
NAME HURTADO, GLADYS ☒ Delete
STREET ADDRESS 1591 NE MIAMI GARDENS DR #314
CITY-ST-ZIP NORTH MIAMI, FL 33179

TITLE TD
NAME HURTADO GLADYS ☐ Change ☒ Addition
STREET ADDRESS 1591 NE MIAMI GARDENS DR #314
CITY-ST-ZIP MIAMI FL 33179

TITLE D
NAME NUNEZ, LUZ ☐ Delete
STREET ADDRESS 1591 NE MIAMI GARDENS DR #202
CITY-ST-ZIP MIAMI, FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/04

Date

Daytime Phone #