




FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 770319 1. Entity Name WAREHOUSE 2293 CONDOMINIUM ASSOCIATION, INC.				Mar 17, 2005 08:00 Secretary of State	
Principal Place of Business 2301 W 76TH STREET %ILEANA BRAVO HIALEAH, FL 33016 US		Mailing Address 2301 W 76TH STREET HIALEAH, FL 33016 US			
DO NOT WRITE IN THIS SPACE					
				03152005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2344669		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVO, ILEANA 2301 W 76TH STREET HIALEAH, FL 33016				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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORALES, EDUARDO 2301 W 76TH STREET HIALEAH, FL 33016				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COOGLE, GREGORY 2293 W 76TH STREET HIALEAH, FL 33016				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOMEZ, RENATO 2297 W 76TH STREET HIALEAH, FL 33016				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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)(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: 		EDUARDO MORALES		03/15/05 (305) 823-0303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	