

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90081 031 ****61.25

DOCUMENT # 710950 1. Entity Name FIRST MOORINGS CONDOMINIUM, INC.																																																																																																																													
Principal Place of Business UNLIMITED PROPERTY MGMT, LLC 7655 NW 50TH ST MIAMI, FL 33166			Mailing Address UNLIMITED PROPERTY MGMT, LLC 7655 NW 50TH ST MIAMI, FL 33166																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-1166747																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent UNLIMITED PROPERTY MGMT, LLC 7655 NW 50TH ST MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOURAD, RAMOUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1591 NE MIAMI GARDENS DR #214</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RITO, IRENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1591 NE MIAMI GARDENS DR #205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CORRADI, CALIGO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1591 NE MIAMI GARDENS DR #201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Edgar Suarez</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1591 NE Miami Gardens Dr. # 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Mireya Reynoso</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1591 NE Miami Gardens Dr. # 312</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Mourad Ramoul</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1591 NE Miami Gardens Dr. # 214</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	MOURAD, RAMOUL		STREET ADDRESS	1591 NE MIAMI GARDENS DR #214		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	S	<input type="checkbox"/> Delete	NAME	RITO, IRENE		STREET ADDRESS	1591 NE MIAMI GARDENS DR #205		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	VPD	<input checked="" type="checkbox"/> Delete	NAME	CORRADI, CALIGO		STREET ADDRESS	1591 NE MIAMI GARDENS DR #201		CITY-ST-ZIP	NORTH MIAMI, FL 33179		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Edgar Suarez		STREET ADDRESS	1591 NE Miami Gardens Dr. # 210		CITY-ST-ZIP	Miami, FL 33179		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Mireya Reynoso		STREET ADDRESS	1591 NE Miami Gardens Dr. # 312		CITY-ST-ZIP	Miami FL 33179		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Mourad Ramoul		STREET ADDRESS	1591 NE Miami Gardens Dr. # 214		CITY-ST-ZIP	Miami, FL 33179		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	MOURAD, RAMOUL																																																																																																																												
STREET ADDRESS	1591 NE MIAMI GARDENS DR #214																																																																																																																												
CITY-ST-ZIP	MIAMI, FL 33179																																																																																																																												
TITLE	S	<input type="checkbox"/> Delete																																																																																																																											
NAME	RITO, IRENE																																																																																																																												
STREET ADDRESS	1591 NE MIAMI GARDENS DR #205																																																																																																																												
CITY-ST-ZIP	MIAMI, FL 33179																																																																																																																												
TITLE	VPD	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	CORRADI, CALIGO																																																																																																																												
STREET ADDRESS	1591 NE MIAMI GARDENS DR #201																																																																																																																												
CITY-ST-ZIP	NORTH MIAMI, FL 33179																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																											
NAME	Edgar Suarez																																																																																																																												
STREET ADDRESS	1591 NE Miami Gardens Dr. # 210																																																																																																																												
CITY-ST-ZIP	Miami, FL 33179																																																																																																																												
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																											
NAME	Mireya Reynoso																																																																																																																												
STREET ADDRESS	1591 NE Miami Gardens Dr. # 312																																																																																																																												
CITY-ST-ZIP	Miami FL 33179																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME	Mourad Ramoul																																																																																																																												
STREET ADDRESS	1591 NE Miami Gardens Dr. # 214																																																																																																																												
CITY-ST-ZIP	Miami, FL 33179																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Irene Rito</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/16/07 (305) 253-9731 <small>Date Daytime Phone #</small>																																																																																																																									

00000000



01162007 Chg-NP CR2E037 (12/06)