


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90055 001 \*\*\*150.00

<b>DOCUMENT # N05000007409</b> 1. Entity Name <b>WEST BUENA VISTA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business P.O. BOX 110983 HIALEAH, FL 33011-0983 US		Mailing Address P.O. BOX 110983 HIALEAH, FL 33011-0983 US	
2. Principal Place of Business - No P.O. Box # <b>861 SE 8th CT</b> Suite, Apt. #, etc. <b>STE 1</b> City & State <b>HIALEAH, FL</b> Zip <b>33010</b>		3. Mailing Address <b>861 SE 8th CT</b> Suite, Apt. #, etc. <b>STE 1</b> City & State <b>HIALEAH, FL</b> Zip <b>33010</b>	
4. FEI Number <b>APPLIED FOR 20-4941962</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SALAS, JORGE L</b> <b>9155 NW 36 AVENUE</b> <b>MIAMI, FL 33147</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>P</b> <b>LUGO, PABLO R</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4759 SW 7 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33134</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete <b>GARCIA, YBANIS</b> STREET ADDRESS <b>4759 SW 7 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33134</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete <b>HERNANDEZ, MODESTA</b> STREET ADDRESS <b>4759 SW 7 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33134</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete <b>RODRIGUEZ, OLGA</b> STREET ADDRESS <b>4759 SW 7 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33134</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

40029400



02272007 Chg-NP CR2E037 (12/06)