2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000002714



FILED

Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90418 005 ****61.25

1. Entity Nam FLORES INC.		SUITES CONDOM	IINIUM A	ASSOCIATIO	N,				V	/ - -1 <i>)</i> -2(<i>,</i> 07	J-10 V	03	01.23
Principal Place of Business 443 JOHNSON AVENUE CAPE CANAVERAL, FL 32920 Mailing Address 200 N FIRST STREET COCOA BEACH, FL 32931					931		:		-	•	, , , , , , , , , , , , , , , , , , ,			
Principal Place of Business - No P.O. Box # Mailing Address														
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				0112200	07 CI	hg-NP		CR2E0	37 (12/06)
City & State			City	City & State			4. FEI Number 59-3645			.7			<u> </u>	Applied For Not Applicable
Zíp	Zip Country		Zip	Zip Cou		ntry	5. Certifica			atus Desir	ed		\$8.75 A Fee Requ	
6. Name and Address of Current Registered				· - · · · · · · · · · · · · · · · · · ·				7. Name a	and Add	ress of N	ew Reg	istered /	Agent	
RIGERMA	N MARII	VN-Δ »				Name								
RIGERMAN, MARILYN A					-	Street A	ddress (F	P.O. Box Nu	mber is I	Not Accep	table)			****
				Cit								FL	Zip Co	ode
8. The above the obligat	named entititions of regist	y submits this statement fo tered agent.	or the purpo:	se of changing its	registere	ed office or	r registeri	ed agent, or	both, in	the State	of Floric		familiar wi	th, and accept
SIGNATURE .		or printed name of registered agent	and title if applic	able (MOTE										
				(1401)	:: Hegistered	a Agent signati	ure required	when reinstating	1)			DATE		
	Filing Fe	e is \$61.25 May 1, 2007		9. Election Carr Trust Fund C	npaign Fi	inancing	<u> </u>	\$5.00 Ma Added to Fe	ау Ве			e checl	payable	
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I nereby 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR