


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 736000</b>	
1. Entity Name <b>BOHEME CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1075 WEST 68TH STREET HIALEAH, FL 33014</b>	Mailing Address <b>1075 WEST 68TH STREET HIALEAH, FL 33014</b>
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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2472232</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

**HERRERA, JOSE  
1075 W 68 ST., #210  
HIALEAH, FL 33014**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000795656 01/28/08-80056-014 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, JOSE 1075 68 ST, #210 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, MAYLIN 1075 W. 68 ST, #112 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, DALIA 1075 W 68 ST, #209 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTES, IVONNE 1075 W 68 ST., #214 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, PURA 1075 W. 68 ST, #411 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **1-22-08 305-819-0937**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #