


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 013 ****70.00

DOCUMENT # 743536 1. Entity Name BYRON PARK ASSOCIATION, INC.					
Principal Place of Business 12350 SW 132 COURT STE 114 MIAMI, FL 33186			Mailing Address 12350 SW 132 COURT STE 114 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 7921 BYRON AVENUE Suite, Apt. #, etc. SUITE #305		3. Mailing Address 7921 BYRON AVENUE Suite, Apt. #, etc. SUITE #305			
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA			
Zip 33141	Country U.S.A.	Zip 33141	Country U.S.A.	4. FEI Number 59-2070402	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISINGER, BROWN, LEWIS & FRANKEL 4000 HOLLYWOOD BLVD SUITE 265 SOUTH HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name SIQUEIRA, WILLER Street Address (P.O. Box Number is Not Acceptable) 7921 BYRON AVENUE, #305 City MIAMI BEACH FL Zip Code 33141		
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 <i>Willer Siqueira</i> PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 04-30-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIQUEIRA, WILLER 7921 BYRON AVE #305 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURLINGAME, BRADLEY 7921 BYRON AVENUE #501 MIAMI, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINEDA, PEDRO 7921 BYRON AVE #503 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARIDAD, RIVERON 7921 BYRON AVE #407 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, ERROL 7921 BYRON AVE #406 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORE., ROLANDO 7921 BYRON AVE #402 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Willer Siqueira</i> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 04-30-08	