

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90002 032 \*\*\*\*61.25

**DOCUMENT # 711561**

1. Entity Name  
**626 CONDOMINIUM INCORPORATED**



Principal Place of Business  
**626 MERIDIAN AVENUE  
MIAMI BEACH, FL**

Mailing Address  
**CAM MANAGEMENT SERVICES  
PO BOX 5103  
HIALEAH, FL 33014-1103**

**50026269**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-2040322**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ANITA  
1800 W 49 STREET #330  
HIALEAH, FL 33012**

Name **Anita Gonzalez**  
Street Address (P.O. Box Number is Not Acceptable)  
**CAM Management Services Corp.**  
**6175 N.W. 167 St. Unit G1**  
City **FL** Zip Code

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

*Anita Gonzalez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**07/05/06**

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **MOLINA, RUBEN**  
CITY-ST-ZIP **PO BOX 1437  
MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TSD**  
STREET ADDRESS **MOLINA, ONEYDA**  
CITY-ST-ZIP **PO BOX 1437  
MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DACOMO, RODOLFO**  
CITY-ST-ZIP **626 MERIDIAN AVENUE  
MIAMI BEACH, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Anita Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Oneyda Molina*

**8/10/06**

Date

**305-826-4191**

Daytime Phone #