

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90002 019 ****70.00

DOCUMENT # 712080 1. Entity Name FIFTH MIRAMAR CONDOMINIUM, INC.					
Principal Place of Business 6750 ARBOR DRIVE APT 104 MIRAMAR FL 33023 US			Mailing Address 6750 ARBOR DRIVE APT 104 MIRAMAR FL 33023 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="text-align: center;">59-1202373</div> <div style="display: flex; justify-content: space-between;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>		<div style="text-align: right;">\$8.75 Additional Fee Required</div>			
6. Name and Address of Current Registered Agent HUIE, SONIA 6750 ARBOR DRIVE APT 104 MIRAMAR FL 33023			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>HUIE President</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> 8-19-08 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By September 3, 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	P PARKER, TANIKA 6750 ARBOUR DR., APT 107 MIRAMAR FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SONIA HUIE 6750 Arbor Dr #104 miramar FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUIE SONIA 6750 ARBOR DR, #104 MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lopez Rebeca 6750 Arbor Dr #105 miramar FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, REBECA 6750 ARBOR DR., #105 MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gladys Dorvilien 6750 Arbor Dr #106 miramar FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ATILES, ASTRID 6750 ARBOR DR, #203 MIRAMAR FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dubien Fleurant'in 6750 Arbor Dr #205 miramar FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dubien Fleurant'in 6750 Arbor Dr #205 miramar FL 33023 <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 <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: *HUIE*

8-19-08