2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 719881

1. Entity Name
SUNSHINE STATE INDUSTRIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1300 N.W. 167TH STREET MIAMI, FL 33169	1300 N.W. 167TH STREET MIAMI, FL 33169

01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1684010
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAPOLITANO, ANGELO
1521 NW 165 ST
MIAMI, FL 33169

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAPOLITANO, ANGELO
STREET ADDRESS	1521 NW 165 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MAXEY, TOM
STREET ADDRESS	1300 N W 167 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	WEBB, JOAN J
STREET ADDRESS	1300 NW 167TH ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	SD
NAME	PERKINS, FREDERICK
STREET ADDRESS	16490 NW 13 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/06-80029-002 61.25

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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: _____ 2/3/06 305 620 6929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #