

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 719881

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



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

Mailing Address
**1521 NW 165TH ST
MIAMI, FL 33169**



01282008 No Chg-NP

CR2E037 (4/06)

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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
NAPOLITANO, ANGELO
1521 NW 165 ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MAXEY, TOM
1300 N W 167 ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WEBB, JOAN J
1300 NW 167TH ST
MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
PERKINS, FREDERICK
16490 NW 13 AVE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000316041
02/14/08-80033-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.31.08

305. 220. 6929