

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90168 003 *****61.25

DOCUMENT # 723635

1. Entity Name

MAR-RONDA CONDOMINIUM, INC.



Principal Place of Business

55 EAST 11ST. STREET #33
HIALEAH, FLORIDA 33010

Mailing Address

55 EAST 11ST. STREET, # 33
HIALEAH, FLORIDA 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2370495

Applied For

Not Applicable

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

SILVA, MARIO
55 EAST 11ST. STREET, # 27
HIALEAH, FLORIDA 33010

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> Delete
NAME	SILVA, MARIO
STREET ADDRESS	55 EAST 11ST. STREET, # 27
CITY-ST-ZIP	HIALEAH, FLORIDA 33010
TITLE	TREASURER & DIRECTOR <input type="checkbox"/> Delete
NAME	SANCHEZ, MANUEL
STREET ADDRESS	55 EAST 11ND. STREET, # 22
CITY-ST-ZIP	HIALEAH, FLORIDA 33010
TITLE	SECRETARY & DIRECTOR <input type="checkbox"/> Delete
NAME	CALDERA, ERICK A.
STREET ADDRESS	55 EAST 11ST. STREET, # 18
CITY-ST-ZIP	HIALEAH, FLORIDA 33010
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

MARIO SILVA
PRESIDENT

APRIL 26/2004

(305) 882-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #