2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90092 011 ****61.25

DOCUMENT # 725576

1. Entity Name
FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3001 S.W. 2ND STREET APT. 113-C MIAMI, FL 33135	3001 S.W. 2ND STREET APT. 113-C MIAMI, FL 33135

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1651473 ☐ 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
SUAREZ, MANUEL R 3001 SOUTHWEST 2 STREET SUITE 114C MIAMI, FL 33135	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: M.R. Suarez 1/11/2007
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUAREZ, MANUEL 3001 SOUTHWEST 2 STREET SUITE 114C MIAMI, FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ECHENIQUE, CHARLES 3001 SOUTHWEST 2 STREET SUITE 2006A MIAMI, FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BUSTAMANTE, IVAN 3001 SOUTHWEST 2 STREET SUITE 210C MIAMI, FL 33135 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASTRO, MAGALY 3001 SOUTHWEST 2 STREET SUITE 207A MIAMI, FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALENARES, SANTIAGO 145 SOUTHWEST 30 COURT SUITE 209B MIAMI, FL 33135 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALENARES, SANTIAGO 145 SOUTHWEST 30 COURT MIAMI, FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S QUESADA, LUIS 3001 SOUTHWEST 2 STREET SUITE 215C MIAMI, FL 33135 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT QUESADA, LUIS 3001 SOUTHWEST 2 STREET SUITE 215C MIAMI, FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: M.R. Suarez MANUEL SUAREZ PRESIDENT 1/11/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #