

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

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90042 026 ****61.25

DOCUMENT # 727054

1. Entity Name

YUMURI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**330 W 10TH ST
APT 3
HIALEAH FL 33010**

Mailing Address

**4261 W 18TH LN
HIALEAH FL 33012**

2. Principal Place of Business, No P.O. Box #

330 W. 10TH ST.

3. Mailing Address

4261 W. 18TH LANE

Suite, Apt. #, etc.

APT. #3

Suite, Apt. #, etc.

HIALEAH, FLORIDA

City & State

HIALEAH, FLA

City & State

HIALEAH, FLORIDA

Zip

33010

Country

U.S.A.

Zip

33012

Country

U.S.A.

4. FEI Number

65-0415119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEL PRADO, ALINA
1290 EAST 4TH AVE.
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

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
Due By May 1, 2008**

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

TITLE ☐ Delete
NAME **DEL PRADO, ALINA**
STREET ADDRESS **1290 EAST 4TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME **MORENO, MILRON**
STREET ADDRESS **330 W. 10TH ST. APT. 1**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME **DE LA HOZ, JORGE**
STREET ADDRESS **330 W. 10TH ST. APT 3**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME **ENRIQUEZ, CELIA E**
STREET ADDRESS **9874 NW 27 ST**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME **HANONO, MAURICIO**
STREET ADDRESS **2904 SW 23 TERR**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

3-18-08 305-8280220
TREASURER