

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-08-2006 90003 003 ****61.25

DOCUMENT # 728004					
1. Entity Name FLAGLER 39 ASSOCIATION, INC.					
Principal Place of Business 3911 W FLAGLER ST MIAMI FL 33134			Mailing Address 3911 W FLAGLER ST MIAMI FL 33134		
2. Principal Place of Business 3911 W FLAGLER ST APT 6			3. Mailing Address NAME		
Suite, Apt. #, etc. ---			Suite, Apt. #, etc. ---		
City & State MIAMI FL			City & State ---		
Zip 33134	Country USA	Zip ---	Country ---	4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent GRANA, RAUL 3911 W. FLAGLER ST APT 6C MIAMI FL 33134			7. Name and Address of New Registered Agent Name RAUL GRANA Street Address (P.O. Box Number is Not Acceptable) 3911 W FLAGLER ST APT 6 City MIAMI FL FL Zip Code 33134		
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 <u><i>Raúl Grana</i></u> (NOTE: Registered Agent signature required when reappointing) DATE ---					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		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	PD DEDRAJA, ANGEL 3907 W FLAGLER ST MIAMI FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ESCALONA, GUSTABO 3905 W FLAGLER ST MIAMI FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	INARBI DE LA TORRE ☒ Change ☐ Addition 3917 W FLAGLER ST APT 8 MIAMI FL, 33134		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRANA, RAUL 3911 W FLAGLER ST APT G-R MIAMI FL 33134 ☐ 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: <u><i>Raúl Grana</i></u> 8/14/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					