


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90135 043 ****61.25

DOCUMENT # 729722 1. Entity Name THE IMPERIAL TERRACES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1825 W. 44TH PL. OFF 1212 HIALEAH, FL 33012 US			Mailing Address 1825 W. 44TH PL. OFF 1212 HIALEAH, FL 33012 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1603328	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
J.R. GONZALEZ & ASSOCIATES, INC. 11936 SW 8TH STREET MIAMI, FL 33184				Name JESUS R. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 11936 SW 8 street City MIAMI FL Zip Code 33184	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GOMEZ, SANTIAGO 18525 W 44TH PLACE, #1007 HIALEAH, FL 33012	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NORIEGA, Francisco A. 1825 W 44 PLACE # 1102 HIALEAH, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JACINTO ESTRIVIT 1825 W 44TH PL APT 1111 HIALEAH, FL 33012	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ELISA, GOMILA 1825 W 44TH PL APT 703 HIALEAH, FL 33012	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMIREZ, ANA 1825 W. 44TH. PLACE #710 HIALEAH, FL 33012	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DIAZ, PABLO 1825 W 44TH PLACE, #1005 HIALEAH, FL 33012	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/02/07 (305) 822-7773 <small>Date Daytime Phone #</small>		

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