

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90185 027 \*\*\*\*61.25

**DOCUMENT # 733364**

1. Entity Name

4011 PROFESSIONAL CENTER CONDOMINIUM, INC.



Principal Place of Business  
~~JORGE ARMADA, P.A.~~  
~~%CENTRUST REALTY, INC.~~  
4011 W FLAGLER ST, SUITE 404  
MIAMI FL 33134  
US

Mailing Address  
~~JORGE ARMADA, P.A.~~  
~~%CENTRUST REALTY, INC.~~  
4011 W FLAGLER ST STE 404  
MIAMI FL 33134  
US

**50023774**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

4011 WEST FLAGLER STREET  
Suite, Apt. #, etc.  
SUITE #501

3. Mailing Address

4011 WEST FLAGLER STREET  
Suite, Apt. #, etc.  
SUITE #501

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
59-1652669

Applied For  
Not Applicable

Zip Country  
33134-1643

Zip Country  
33134-1643

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELASCO, ROLANDO  
4011 W FLAGLER ST  
404  
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name JORGE L. ARMADA  
Street Address (P.O. Box Number is Not Acceptable)  
4011 WEST FLAGLER STREET  
SUITE 501  
City MIAMI FL Zip Code 33134-1643

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]* JORGE L. ARMADA

MARCH 2, 2005

(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, 2005**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
VALENCIA, NELLY  
4011 W FLAGLER ST 203  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ARMADA, JORGE  
4011 W FLAGLER STREET #501  
MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
COX, CHARLIE  
4011 W FLAGLER STREET #405  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
TERRY, BEATRIZ  
4011 W FLAGLER ST #506  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
GUERRA, EDY A  
4011 W FLAGLER ST., # 506  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
VELASCO, ROLANDO  
4011 W FLAGLER STREET, #404  
MIAMI, FLORIDA ☐ Change ☒ Addition

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

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

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

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 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 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:

*[Signature]*

JORGE L. ARMADA

MARCH 2, 2005

305-541-5412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #