

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

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 046 ****61.25



DOCUMENT # 747437
1. Entity Name
JOSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **1206 COLUMBUS BOULEVARD
CORAL GABLES FL 33134**
Mailing Address: **1206 COLUMBUS BOULEVARD
CORAL GABLES FL 33134**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

4. FEI Number: **NO-T APPLICABLE**
Applied For: Not Applicable:

Zip Country

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

**AZCUE, RAFAEL
1206 COLUMBUS BOULEVARD
CORAL GABLES FL 33134**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | AZCUE, RAFAEL | |
| STREET ADDRESS | 1206 COLUMBUS BOULEVARD | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | AZCUE, MIRIAM C | |
| STREET ADDRESS | 1206 COLUMBUS BOULEVARD | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | AZCUE, RALPH | |
| STREET ADDRESS | 1206 COLUMBUS BOULEVARD | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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: *Rafael Azcua* **2/29/08**