2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Feb 02, 2004 8:00 am Secretary of State **DOCUMENT # 751570** 1. Entity Name 02-02-2004 90004 030 \*\*\*\*61.25 MAPIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5151 SW 98TH AVE ROAD 5151 SW 98TH AVE ROAD **MIAMI FL 33165** MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2104427 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent رازا سيا ورجح سادوسا Name TRIANA, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 5151 SW 98TH AVE RD MIAMI FL 33165 City 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be in the second Florida Department of State Due By May 1, 2004 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TRIANA, VICTORIA TITLE Delete TITLE TRIAUA, VICTORIA NAME NAME correction of Nome 7915 HARDING AVE, APT #3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ARAGON, HUGO NAME NAME 7915 HARDING AVE, APT. 3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ARGUelles, ANGE/ Change ☐ Addition TITLE □ Delete TITI F ARGVELLES, ANGEL NAME NAME 7915 HARDING AVENUE #7 correction of Name STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITI F \_\_\_ Change ☐ Addition MOUTEAGUDO, LAZARO NAME NAME 7915'HARDING AVE APT # 4 STREET ADDRESS STREET ADDRESS MIAMI FL 33141 CITY-ST-ZIP CITY-ST-ZIP Z Delete ☐ Change TRIANA, LORENZO Addition TITLE TITLE TRIAUA, LOREUZO NAME NAME 7915 HARDING AVENUE #6 correction of Name STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP Change TITI F ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 2009

Dayline Phone

**FILED**