

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751570

FILED
Feb 10, 2009
Secretary of State

Entity Name: MAPIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7915 HARDING AVE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

5151 SW 98TH AVE ROAD
MIAMI, FL 33165

New Mailing Address:

FEI Number: 59-2104427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIANA, VICTORIA
5151 SW 98TH AVE RD
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRIANA, VICTORIA
Address: 7915 HARDING AVE, APT #3
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: ARAGON, HUGO
Address: 7915 HARDING AVE, APT. 3
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: ARGUELLES, ANGEL
Address: 7915 HARDING AVENUE #7
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: MOUTEAGUDO, LAZARO
Address: 7915 HARDING AVE APT # 4
City-St-Zip: MIAMI, FL 33141

Title: T () Delete
Name: TRIANA, LORENZO
Address: 7915 HARDING AVENUE #6
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA TRIANA

DIR

02/10/2009

Electronic Signature of Signing Officer or Director

Date