


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 757110</b> 1. Entity Name <b>TAMIAIR INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>14055 SOUTHWEST 142ND AVE., UNIT 16 MIAMI, FL 33186-6739</b>	Mailing Address <b>14055 SOUTHWEST 142ND AVE UNIT 40 MIAMI, FL 33186-6739</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2106285</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, GLEN E.  
7357 WEST FLAGLER STREET  
MIAMI, FL 33144**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000583513 01/11/07-80075-004 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARANGI, LEON T JR 10881 SW 108TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELALOUF, VICTOR 15560 SW 111 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGHTY, LORRAINE 7315 SW 137 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, GREGOR 14055 S.W. 142 AVE #10 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, ELEANOR 13360 SW 99 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, MARGARITA 9321 SW 104 AVE MIAMI, FL 33176

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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:**  **1-5-07** **(305) 233-7222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #