

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT #757144

1. Entity Name
**WESTSIDE INDUSTRIAL CONDOMINIUM ASSOCIATION,
INC**



Principal Place of Business

**C/O FABIO LISBOA
8355 NW 54TH ST
MIAMI, FL 33166**

Mailing Address

**C/O FABIO LISBOA
8355 NW 54TH ST
MIAMI, FL 33166**



02162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2059334

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LISBOA, FABIO
8355 NW 54TH ST
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTD
LISBOA, FABIO
8355 NW 54TH ST
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
GRUSZCZYK, MARTIN
8355 NW 54TH ST
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
VINES, MARIO
8347 NW 54TH ST
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
GRUSZCZYK, MARTIN
8353 NW 54 ST
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1000000440606
03/03/06-80003-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabio Lisboa

02/16/06

(305) 477-5352

Date

Daytime Phone #