

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State



DOCUMENT # 763766				1. Entity Name	
7626 BYRON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
7626 BYRON AVENUE #302 MIAMI BEACH FL 33141 US		7626 BYRON AVENUE #302 MIAMI BEACH FL 33141 US			
2. Principal Place of Business - No. P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				59-2400301	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARTEAGA, EDUARDO 7626 BYRON AVENUE, #302 MIAMI BEACH FL 33141			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ <small>DATE</small> _____					

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ARTEAGA, EDUARDO	TITLE	
NAME		NAME	
STREET ADDRESS	7626 BYRON AVENUE, #302	STREET ADDRESS	U00000617004
CITY - ST - ZIP	MIAMI BEACH FL 33141	CITY - ST - ZIP	02/07/07-80055-022 61.25
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	RAMIREZ, LUCELY	NAME	
STREET ADDRESS	7626 BYRON AVE #202	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	FERNANDEZ, LILIA	NAME	
STREET ADDRESS	7626 BYRON AVENUE, #201	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	
NAME	RYAN, JOHN	NAME	
STREET ADDRESS	7626 BYRON AVE #401	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EDUARDO ARTEAGA 01-28-07 305-807-4014