

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766586

FILED
Apr 30, 2007
Secretary of State

Entity Name: GALLOWAY PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

825 S.W. 87TH AVE.
SUITE 3-H
MIAMI, FL 331743253

New Principal Place of Business:

Current Mailing Address:

825 S.W. 87TH AVE.
SUITE C SECOND FLOOR
MIAMI, FL 331743253

New Mailing Address:

FEI Number: 65-0046008 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRUZ, ROBERT E
825 SW 87 AVENUE
2ND FLOOR #C
MIAMI, FL 33174 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: PD () Delete
Name: CRUZ, ROBERTO E
Address: 8255 W 87 AVE STE
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: CRUZ, ARMANDO J
Address: 825 SW 87 AVE / STE
City-St-Zip: MIAMI, FL 00000,

Title: SD () Delete
Name: CRUZ, DARLENE
Address: 825 SW 87 AVE / STW
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRUZ, ROBERTO E
Address: 825 W 87 AVE STE
City-St-Zip: MIAMI, FL 33174

Title: TD (X) Change () Addition
Name: CRUZ, ARMANDO J
Address: 825 SW 87 AVE / STE
City-St-Zip: MIAMI, FL 00000, FL 33174

Title: SD (X) Change () Addition
Name: CRUZ, DARLENE
Address: 825 SW 87 AVE / STW
City-St-Zip: MIAMI, FL 00000, FL 33174

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: ROBERTO E. CRUZ, M.D.

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date