


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

04-26-2006 90192 021 ****61.25

DOCUMENT # 769088 1. Entity Name 1350 RED ROAD PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1350 RED ROAD MIAMI, FL 33144		Mailing Address P.O. BOX 558315 MIAMI, FL 33255	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3708 Alcantara Ave	
City & State Doral FL		4. FEI Number 59-2766792	
Zip 33178		Country Dade	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SARDUY, PEDRO S M.D. 6880 CORAL WAY MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3708 Alcantara Ave City Doral FL Zip Code 33178	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME SARDUY, PEDRO S M.D. STREET ADDRESS 6880 CORAL WAY CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE P NAME SARDUY, Pedro M.D. STREET ADDRESS 3708 Alcantara Ave CITY-ST-ZIP Doral, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CARMEL, JACK STREET ADDRESS 14741 BISCAYNE BLVD. CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MARTINEZ, FELIPE M.D. STREET ADDRESS 1350 S.W. 57TH AVENUE, #210 CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FERNANDO, VIDAL STREET ADDRESS 1350 S.W. 57TH AVENUE, #209 CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SOLER, ESTEBAN STREET ADDRESS 1350 S.W. 57TH AVNEUE, #207 CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Avino, Jorge STREET ADDRESS 1350 SW 57th Ave, # 207 CITY-ST-ZIP Miami FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u>Pedro Sarduy</u>		Pedro Sarduy 7/1/06 305-333-8566	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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