

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769088

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** 1350 RED ROAD PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1350 RED ROAD  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

3708 ALCANTARA AVE  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 59-2766792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARDUY, PEDRO S M.D.  
3708 ALCANTARA AVE  
DORAL, FL 33178 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: P  
Name: SARDUY, PEDRO S M.D.  
Address: 3708 ALCANTARA AVE  
City-St-Zip: DORAL, FL 33178

Title: VP  
Name: CARMEL, JACK  
Address: 14741 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL

Title: O  
Name: MARTINEZ, FELIPE M.D.  
Address: 1350 S.W. 57TH AVENUE, #210  
City-St-Zip: MIAMI, FL

Title: O  
Name: TONG, FELIN  
Address: 1350 S.W. 57TH AVENUE, #209  
City-St-Zip: MIAMI, FL

Title: O  
Name: AVINO, JORGE  
Address: 1350 SW 57TH AVE SUITE 207  
City-St-Zip: MIAMI, FL 33144

Title: O  
Name: ROIG, PEDRO M.D.  
Address: 1350 S.W. 57TH AVE SUITE 316  
City-St-Zip: MIAMI, FL 33144

I hereby 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 all other like empowered.

SIGNATURE: PEDRO S. SARDUY

P

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date