2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # N00968 1. Entity Name 02-02-2005 90044 038 ****61.25 A.V. WAREHOUSES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 255 W. 28TH STREET HIALEAH FL 33010-1513 8801 N.W. 153 TR HIALEAH FL 33018 40010963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-0139002 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ODO110 BLANCO, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 255 W. 28TH STREET # 203 HIALEAH FL 33010 statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits th the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 П Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition BLANCO, RODOLFO NAME 251 WEST 28TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MARICELA, BLANCO NAME NAME 251 WEST 28TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DE LA TORREE, GUIDO J 291 W. 28TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP HIALEAH FL 33010 CITY-ST-ZIP Detete Change ☐ Addition fitti F TITLE DIAZ, JORGE NAME NAME 267 W. 28TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED