


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000456	
1. Entity Name PARKWEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9920 NW 21 STREET MIAMI, FL 33172	Mailing Address 9920 NW 21 STREET MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1074840	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

MARTIN, MARIA
9920 N.W. 21 STREET
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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: Martin-Medellano 02/13/06
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000436316
02/27/06-80031-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, EDUARDO 9930 N.W. 21 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, MARIA 9920 N.W. 21 STREET MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Martin-Medellano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/06 (305) 471 0907
Date Daytime Phone #