

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003864**

1. Entity Name  
**MATILDA-3000 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3150 MATILDA STREET  
MIAMI, FL 33133**

Mailing Address  
**3150 MATILDA STREET  
MIAMI, FL 33133**



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1114233**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**CRAWFORD, JEROME  
3150 MATILDA STREET  
MIAMI, FL 33133**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JUAN, OLIVIA
STREET ADDRESS	3152 MATILDA ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	JUAN, MIGUEL
STREET ADDRESS	3152 MATILDA ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	CRAWFORD, JEROME
STREET ADDRESS	3150 MATILDA STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	PARRIS, MICHAEL
STREET ADDRESS	3150 MATILDA STREET
CITY-ST-ZIP	MIAMI, FL 33133

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(Jerome Crawford)* 1-15-08 310 930-8901