

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N01000006615

1. Entity Name
BARACOA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2150 WEST 68 ST.
SUITE 205
HIALEAH, FL 33016**

Mailing Address

**P.O. BOX 160310
HIALEAH, FL 33016**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0053946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JANI
6091 WEST 22 COURT
APT 206
HIALEAH, FL 33016**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jani Rodriguez

02/12/08

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RODRIGUEZ, JANI
6091 WEST 22 COURT 206
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRIAS, ARMANDO
6091 WEST 22 COURT 403
MIAMI, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FRIAS, MILAYDIS
6091 WEST 22 COURT 403
MIAMI, FL 33128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MUJICA, JOSE O
6091 WEST 22 COURT 205
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOMEZ, CARLOS
6091 WEST 22 COURT 207
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000864022
04/03/08-80115-021 61.25

**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 #

Jani Rodriguez

03/12/08