

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008260

FILED  
Jun 08, 2009  
Secretary of State

Entity Name: MACO COMMERCE CENTER, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12901 N OKEECHOBEE RD #F11  
HIALEAH, FL 33018 US

**New Principal Place of Business:**

12901 W. OKEECHOBEE RD #F11  
HIALEAH, FL 33018 US

**Current Mailing Address:**

PO BOX 126605  
HIALEAH, FL 33012 US

**New Mailing Address:**

FEI Number: 01-0575402      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FONT, NANCY  
4110 W 19 AVE  
HIALEAH, FL 33012 US

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

FONT, NANCY  
12901 W. OKEECHOBEE RD.  
F11  
HIALEAH GARDENS, FL 33018 US

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: NANCY FONT

06/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROMAY, OMAR  
Address: 1520 NW 79 AVE  
City-St-Zip: MIAMI, FL 331261104

Title: STD ( ) Delete  
Name: ESPINO, HERB  
Address: 13001 NW 107TH AVE  
City-St-Zip: HIALEAH, FL 330181104

Title: VPD ( ) Delete  
Name: SOLDANO, MARCELO  
Address: 1520 NW 79 AVE  
City-St-Zip: MIAMI, FL 331261104

Title: D ( ) Delete  
Name: WUKOVITS, KEN  
Address: 13117 NW 107 #14E  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY FONT

RA

06/08/2009

Electronic Signature of Signing Officer or Director

Date