

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008260

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

12901 W. OKEECHOBEE RD  
SUITE F11  
HIALEAH GARDENS, 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 ( )**

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

ABRIL, JORGE M  
1201 BRICKELL AVE.  
SUITE 230  
MAIMI, FL 33131 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY FONT

MGR

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date