2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008282

1. Entity Name
SUNSET MEDICAL PLAZA CONDOMINUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7265 SW 93RD AVENUE SUITE 202 MIAMI, FL 33173	P.O BOX 330044 MIAMI, FL 33233

02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0522028
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINI, GREGORY T ESQ.
2655 LEJEUNE RD., STE. 1101
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOMEZ, COSME A
STREET ADDRESS	7265 SW 93RD AVENUE SUITE 201
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	MEJIA, JORGE R
STREET ADDRESS	7265 SW 93RD AVENUE SUITE 203
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	GARCIA-MILNER, ROSA M
STREET ADDRESS	7265 SW 93RD AVENUE SUITE 202
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80046-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ROSA M. SECRETARY OFFICER

SIGNATURE: Rosa M. Garcia MD PA 4/19/05 (305) 643-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #