## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 15, 2008 08:00 AN Secretary of State **DOCUMENT # N02000001989** 1. Entity Name GARDENS INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC. Principal Piace of Business Mailing Address 9180 NW 119TH STREET 9180 NW 119TH STREET HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. ≠, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 38-3681930 Not Applicable ZιD Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 9180 NW 119TH STREET HIALEAH GARDENS FL 33018 City Zip Code 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 Fiorida 1 am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typodical horized carrie of legistimed agent tom the ill proficable DATE (NOTE: Begleigred Agent segnature required when reinstating) physical appropriation is FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State sirupping partu ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change U00000829689 RODRIGUEZ, SERGIO MAME NAME 02/26/08-80051-019 61.25 9180 NW 119TH ST #4 STREET ADDRESS STREET ADDRESS CITY - ST- 7/P HIALEAH GARDENS FL 33018 CITY-ST-ZIP TITLE ☐ Delate TIT; F Change Addition HERNANDEZ, JORGE NAME NAME 9180 NW 119TH ST #4 STREET ADDRESS STREET ADDRESS CITY- ST-ZIP HIALEAH GARDENS FL 33018 CITY-ST-ZIP TD Delete TITLE ☐ Change Addition TITLE ANTONIO, JOSE NAME NAME 9180 NW 119TH ST #4 STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 33018 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CHY-ST-ZIP THILE ☐ Dalete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STRUET ADDRESS

CHY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

02-08-08

BOS)819 5656