

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000002483	
1. Entity Name MEDLEY COMMERCIAL WAREHOUSE CONDOMINIUM INC	

Principal Place of Business 9001 NW 97TH TERR #K BAY K MEDLEY FL 33178	Mailing Address 9001 NW 97TH TERR #K BAY K MEDLEY FL 33178
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01/17/2008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0640743	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ ALFREDO 9001 NW 97TH TERRACE #K MEDLEY FL 33178	DO NOT WRITE IN THIS SPACE
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I, the above named entity submitting 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 fee if applicable	DATE (NOTE: Registered Agent signature required when re-registering)
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**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	10. Filing Fee 000000787813 01/18/08-80016-003-61.25
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10. SIGNATURE OF OFFICERS AND DIRECTORS	
TITLE AS	NAME PEREZ ALFREDO
STREET ADDRESS 9001 NW 97TH TERRACE BAY K	CITY, ST, ZIP MEDLEY FL 33178
TITLE P	NAME LAFLEUR TEDDY
STREET ADDRESS 9001 NW 97TH TERRACE BAY #D	CITY, ST, ZIP MEDLEY FL 33178
TITLE V	NAME MASSOUNAI AMIR
STREET ADDRESS 9001 NW 97TH TERRACE BAY #F	CITY, ST, ZIP MEDLEY FL 33178
TITLE P	NAME AGUILAR MARIO
STREET ADDRESS 9001 NW 97TH TERRACE BAY #H	CITY, ST, ZIP MEDLEY FL 33178
TITLE SY	NAME FERNANDEZ MIGUEL
STREET ADDRESS 9001 NW 97TH TERRACE BAY #A	CITY, ST, ZIP MEDLEY FL 33178
TITLE P	NAME FERNANDEZ MIGUEL
STREET ADDRESS 9001 NW 97TH TERRACE BAY #A	CITY, ST, ZIP MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

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 <i>Alfredo Perez AS</i>	DATE 1/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	