


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N02000003886	
1. Entity Name SUNSET 102 OFFICE PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 10251 SW 72 ST. MIAMI, FL 33173	Mailing Address 400 SW 107TH AVE. #312 MIAMI, FL 33174
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04032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0735142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RUIZHEZ, ALBERT  
10251 S.W. 72ND STREET, #B-102  
MIAMI, FL 33173

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/4/2008

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000890933  
04/23/08-80008-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, ALBERT 10281 S.W. 72 STREET, B-102 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSTARANGOS, CONSTANTINO 10251 S.W. 72 STREET, A-101 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, SILVIA 10261 S.W. 72 STREET, C-104 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or without like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/2008 (305) 220-5684