


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000001447</b>	
1. Entity Name SARLAM CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 10481 N.W. 36TH STREET MIAMI, FL 33178	Mailing Address 10481 N.W. 36TH STREET MIAMI, FL 33178
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03092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2425330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  HAVER, ROBERT M 520 BRICKELL BAY DRIVE SUITE 0-305 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating) DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUJAN, TIKAM 10481 N.W. 36TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GURBANI, HARI 2470 N.W. 102ND PLACE, #104 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JARDACK, HANI 10200 N.W. 25TH STREET, #201 MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80106-003 61.25

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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 all other like empowered.	
SIGNATURE: <u><i>L. K. S.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>04/16/07</u> <u>305-591-3839</u> <small>Daytime Phone #</small>