

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/1 **FILED**
Mar 25, 2008 8:00 am
Secretary of State

02-22-2008 90016 020 ****61.25


DOCUMENT # N03000007888
 1. Entity Name
TAMIAMI CORPORATE CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 13605 SW 149 AVE MIAMI, FL 33186	Mailing Address 11980 SW 144 CT 203 MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE

66004937



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 74-3105203	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

~~GIL, LILLIE~~
 11980 SW 149 AVENUE #203
 MIAMI, FL 33186

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORALES, MIRTHA <i>Delate</i>
STREET ADDRESS	13605 SW 149 AVE, #08 & 10
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	CASTILLO, MIGUEL
STREET ADDRESS	13605 SW 149 AVE, #11 & 12
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	PD
NAME	PERAZA, PEDRO
STREET ADDRESS	13605 SW 149 AVE, #H 05 & 06
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Pedro Peraza President* _____ **3/7/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #