

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90101 001 \*\*\*300.00

**DOCUMENT # N03000009755**

**1. Entity Name**

**KAPE INDUSTRIAL PARK WAREHOUSE  
CONDOMINIUM-1 ASSOCIATION, INC.**



**Principal Place of Business**

**8020 W 30TH CT  
HIALEAH, FL 33018**

**Mailing Address**

**8020 W 30TH CT  
HIALEAH, FL 33018**

00010001



04132007 No Chg-NP

CR2E037 (4/06)

**4. FEI Number**

**20-0999024**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**KAPETANAKIS, EMMANUEL  
8020 W 30TH CT  
HIALEAH, FL 33018**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME KAPETANAKIS, EMMANUEL  
STREET ADDRESS 8020 W 30TH CT  
CITY - ST - ZIP HIALEAH, FL 33018**

**TITLE SD  
NAME GARCIA, MARY  
STREET ADDRESS 3065 W 80TH ST  
CITY - ST - ZIP HIALEAH, FL 33018**

**TITLE D  
NAME DELGADO, WILLIAM  
STREET ADDRESS 3063 W 80TH ST  
CITY - ST - ZIP HIALEAH, FL 33018**

**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 all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #