


**2003 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

04-25-2008 90105 047 ***150.00

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
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: _____ (NOTE: Registered Agent signature required when renouncing) DATE: _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
PD KAPETANAKIS, EMMANUEL 8020 W 30TH CT HIALEAH, FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SD GARCIA, MARY 3065 W 80TH ST HIALEAH, FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D DELGADO, WILLIAM 3063 W 80TH ST HIALEAH, FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 5/20/2008 DeVine Phone #: 305 558 2525