

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03678

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** 1 TAMIAMI CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13801-13899 S.W. 142 AVE.  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

6625 MIAMI LAKES DRIVE  
SUITE 310  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

6625 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014 US

**FEI Number:** 65-0010910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUEVAS, ORTIZ & CUBAS, P.A.  
7480 S.W. 40 STREET  
SUITE 600  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACOSTA, SOFIA  
Address: 6625 MIAMI LAKES DRIVE #310  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD  
Name: SMIT, JOHN  
Address: 6625 MIAMI LAKES DRIVE #310  
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD  
Name: MARTIN, JORGE  
Address: 6625 MIAMI LAKES DRIVE #310  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD  
Name: GONZALEZ, SAMUEL  
Address: 6625 MIAMI LAKES DRIVE #310  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D  
Name: HERNANDEZ, MANUEL  
Address: 6625 MIAMI LAKES DRIVE #310  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SOFIA ACOSTA

PD

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date