


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

05-02-2005 90518 041 ****61.25

DOCUMENT # N04000001278			
1. Entity Name POWER ONE PROFESSIONAL AND MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O OSCAR J. DELAGO 7950 NW 155 STREET, SUITE 104 MIAMI LAKES, FL 33016		Mailing Address C/O OSCAR J. DELAGO 7950 NW 155 STREET, SUITE 104 MIAMI LAKES, FL 33016	
2. Principal Place of Business <i>6450 West 21st Court</i>		3. Mailing Address <i>7900 NW 155 Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 205</i>	
City & State <i>Mialeah, Florida</i>		City & State <i>Miami Lakes, Florida</i>	
Zip <i>33016</i>		Zip <i>33016</i>	
Country <i>Dade</i>		Country <i>Dade</i>	
4. FEI Number <i>56-2437811</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, OSCAR J ESQ. 7950 NW 155 ST. SUITE 104 MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D <input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	DELGADO, OSCAR J	TITLE	<i>PD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7950 NW 155 ST. SUITE 104	NAME	<i>Oscar J. Delgado</i>
CITY-ST-ZIP	MIAMI LAKES, FL 33016	STREET ADDRESS	<i>7950 NW 155 Street suite 104</i>
TITLE	D <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<i>Miami Lakes, Florida 33016</i>
NAME	DELGADO, JOSE M	TITLE	<i>VPD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7950 NW 155 ST. SUITE 104	NAME	<i>Juan Garcia</i>
CITY-ST-ZIP	MIAMI LAKES, FL 33016	STREET ADDRESS	<i>6450 W 21 Street Court suite 300</i>
TITLE	D <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<i>Mialeah, Florida 33016</i>
NAME	ESPINOSA, LUIS M	TITLE	<i>T/D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7950 NW 155 ST. SUITE 201	NAME	<i>Maria Hernandez</i>
CITY-ST-ZIP	MIAMI LAKES, FL 33016	STREET ADDRESS	<i>6450 W 21 ST COURT suite 206</i>
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	<i>Mialeah, Florida 33016</i>
NAME		TITLE	<i>S/D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		NAME	<i>Michael Puchades</i>
CITY-ST-ZIP		STREET ADDRESS	<i>6450 W 21 ST COURT suite 102</i>
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	<i>Mialeah, Florida 33016</i>
NAME		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		NAME	<i>Ezequiel Romero</i>
CITY-ST-ZIP		STREET ADDRESS	<i>6450 W 21 Street suite 306</i>
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	<i>Mialeah, Florida 33016</i>
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Jose M. Delgado</i>		JOSE M. DELGADO <i>4/26/05</i> (305) 828-4070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytona Phone # _____	

00043110



04202005 Chg-NP CR2E037 (10/03)