

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N04000001278

**Entity Name:** POWER ONE PROFESSIONAL AND MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6450 WEST 21ST COURT  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

6450 WEST 21ST COURT  
SUITE 205  
HIALEAH, FL 33016

**New Mailing Address:**

7900 NW 155 STREET  
SUITE 205  
MIAMI LAKES, FL 33016

FEI Number: 56-2437811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELGADO, OSCAR J ESQ.  
7950 NW 155 ST. SUITE 104  
MIAMI LAKES, FL 33016 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 ( ) Delete  
Name: DELGADO, JOSE J  
Address: 7950 NW 155 WEST, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: GARCIA, JUAN  
Address: 7950 NW 155 WEST, SUITE 104  
City-St-Zip: HIALEAH, FL 33016

Title: TD ( ) Delete  
Name: HERNANDEZ, MARIA  
Address: 7950 NW 155 WEST, SUITE 104  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: PUCHADES, MICHAEL  
Address: 7950 NW 155 WEST, SUITE 104  
City-St-Zip: HIALEAH, FL 33016

Title: D ( ) Delete  
Name: ROMERO, EZEQUIEL  
Address: 7950 NW 155 WEST, SUITE 104  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE DELGADO

P

04/28/2006

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

\_\_\_\_\_  
Date