2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000001278



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Feb 16, 2007 8:00 am Secretary of State 02-16-2007 90027 041 ****61.25

Making Authores Address Addres	POWER ONE PROFESSIONAL AND MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					v = ~			
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	6450 WEST 21ST COURT 7900 NW 155 STI HIALEAH, FL 33016 SUITE 205				1 (188)(11) 614 (184)	BIRN ARIN RANG ARIN ERN	1 2810 1 11818 11811 1870 11	IIKAK BI KRAI	
City & State Country St. Cartificate of Status Desired St. 78 Additional Fee Required Repaired Repair	2. Principal Place of Business - No P.O. Box # 3. Mi		3. Mailing Address	Mailing Address					
Secondary Zip Country Zip Country Secondary Secondar	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		thg-NP C	R2E037 (12/06)		
Sireet Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name DELGADO, OSCAR J ESO. 7950 NW 155 ST. SUITE 104 MIAMI LAKES, FL 33016 City FL Zip Code FL Zip Code	City & State		City & State			11			
Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip_	Country	Zip	Country	5. Certificate of S	Status Desired			
DELCADO, OSCAR JESO, 7950 NW 155 ST. SUITE 104 MIAMI LAKES, FL 33016 City FL Zép Code		6. Name and Address of Current	Registered Agent		7. Name and Ad-	dress of New Regis	tered Agent		
Street Address (P.O. Box Number is Not Acceptable)	DELCADO COCAD LECO			Name	Name				
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 primed name of registered agent and life if applicable. (NOTE Registered Agent Expassive required when remeasure) DATE	7950 NW 155 ST. SUITE 104				Street Address (P.O. Box Number is Not Acceptable)				
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 site it application. (NOTE Registered Agent Explanor required when reinstating) DATE				City			FL Zip Cod	le	
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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: _

Davtime Phone #