


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 041 ****61.25

DOCUMENT # N04000001278					
1. Entity Name POWER ONE PROFESSIONAL AND MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6450 WEST 21ST COURT HIALEAH, FL 33016		Mailing Address 7900 NW 155 STREET SUITE 205 MIAMI LAKES, FL 33016			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2437811	
Zip		Country		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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, JOSE J			NAME	<i>Hernandez, Maria</i>
STREET ADDRESS	7950 NW 155 WEST, SUITE 104			STREET ADDRESS	<i>6450 W 21 COURT SUITE 200</i>
CITY-ST-ZIP	MIAMI LAKES, FL 33016			CITY-ST-ZIP	<i>Miami Lakes, Florida 33016</i>
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, JUAN			NAME	<i>Feas, ALINA</i>
STREET ADDRESS	7950 NW 155 WEST, SUITE 104			STREET ADDRESS	<i>6450 W 21 COURT SUITE 207</i>
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	<i>Miami Lakes Florida 33016</i>
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, MARIA			NAME	<i>Secretary</i>
STREET ADDRESS	7950 NW 155 WEST, SUITE 104			STREET ADDRESS	<i>Co. rd. 185, Lourdes</i>
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	<i>6450 W 21 COURT SUITE 305</i>
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUCHADES, MICHAEL			NAME	<i>Treasurer/Director</i>
STREET ADDRESS	7950 NW 155 WEST, SUITE 104			STREET ADDRESS	<i>Victoria, Barbara</i>
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, EZEQUIEL			NAME	
STREET ADDRESS	7950 NW 155 WEST, SUITE 104			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 lines empowered.					
SIGNATURE: <i>Namara Peres</i>				Date: <i>2/14/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					