

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 006 ****61.25

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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**

40114495



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
56-2437811

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELGADO, OSCAR J ESQ.
 7950 NW 155 ST. SUITE 104
 MIAMI LAKES, FL 33016**

**EISINGER, BROWN, LEWIS & FRANKEL, P.A.
 ATTN: Dennis J. Eisinger, Esquire
 4000 Hollywood Boulevard, Suite 265-S
 Hollywood FL 33021**

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

[Handwritten Signature]

8/18/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$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 **P** Delete
 NAME **HERNANDEZ, MARIA**
 STREET ADDRESS **6450 W 21 COURT SUITE 206**
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **FEAS, ALINA**
 STREET ADDRESS **6450 W 21 COURT SUITE 207**
 CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HERNANDEZ, MARIA**
 STREET ADDRESS **7950 NW 155 WEST, SUITE 104**
 CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE Change Addition
 NAME **CARBALLO, PEDRO**
 STREET ADDRESS **2450 W 21 COURT #301**
 CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE **S** Delete
 NAME **CORDOLES, LINDER**
 STREET ADDRESS **6450 W 21 COURT SUITE 305**
 CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE Change Addition
 NAME **CORDOLES, LOURDES**
 STREET ADDRESS **2450 W 21 COURT #305**
 CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE **TD** Delete
 NAME **BARBAR, VICTORIA**
 STREET ADDRESS **7950 NW 155 WEST, SUITE 104**
 CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE Change Addition
 NAME **T/D VICTORIA, BARBARA**
 STREET ADDRESS **6450 W 21 COURT #201**
 CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

8/20/08