

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
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:

7900 NW 155TH STREET 205
MIAMI LAKES, FL 33016

Current Mailing Address:

7900 NW 155 STREET
SUITE 205
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 56-2437811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, DENNIS J ESQ.
EISINGER, BROWN, LEWIS & FRANKEL, P.A.
4000 HOLLYWOOD BOULEVARD, SUITE 265-S
HOLLYWOOD, FL 33021 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: P () Delete
Name: HERNANDEZ, MARIA
Address: 6450 W 21 COURT SUITE 206
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: FEAS, ALINA
Address: 6450 W 21 COURT SUITE 207
City-St-Zip: HIALEAH, FL 33016

Title: TD () Delete
Name: CARBALLO, PEDRO
Address: 2450 W 21 COURT, #301
City-St-Zip: HIALEAH, FL 33016

Title: S () Delete
Name: CORDOVES, LOURDES
Address: 2450 W 21 COURT, #305
City-St-Zip: HIALEAH, FL 33016

Title: TD () Delete
Name: VICTORIA, BARBARA
Address: 6450 W 21 COURT, #201
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERNANDEZ, MARIA
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP (X) Change () Addition
Name: FEAS, ALINA
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD (X) Change () Addition
Name: CARBALLO, PEDRO
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: D (X) Change () Addition
Name: CORDOVES, LOURDES
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD (X) Change () Addition
Name: VICTORIES, BARBARA
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify 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: MARIA HERNANDEZ

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date