

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2011
Secretary of State**

DOCUMENT# N04000001278

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

Current Principal Place of Business:

8181 NW 154TH STREET 270
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8181 NW 154 ST. SUITE 270
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:

MIRZA BASULTO & ROBBINS, LLP
14160 NW 77 COURT
SUITE 22
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: P
Name: HERNANDEZ, MARIA
Address: 8181 NW 154TH STREET 270
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP
Name: FEAS, ALINA
Address: 8181 NW 154TH STREET 270
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD
Name: CARBALLO, PEDRO
Address: 8181 NW 154TH STREET 270
City-St-Zip: MIAMI LAKES, FL 33016

Title: D
Name: CORDOVES, LOURDES
Address: 8181 NW 154TH STREET 270
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD
Name: VICTORIES, BARBARA
Address: 8181 NW 154TH STREET 270
City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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 all other like empowered.

SIGNATURE: MARIA HERNANDEZ

PRES

03/22/2011

Electronic Signature of Signing Officer or Director

Date