

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 07, 2008  
Secretary of State**

DOCUMENT# N04000004389

**Entity Name:** SOUTH RIVER ROCK OFFICE WAREHOUSE PARK CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

10680 NW 123 ST RD  
SUITE 106  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10680 NW 123 ST RD  
SUITE 106  
MEDLEY, FL 33178

**New Mailing Address:**

**FEI Number:** 20-1328530      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

XIQUES, GRISELL  
10680 NW 123 ST RD UNIT 106  
MEDLEY, FL 33178 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, GREGORIO  
Address: 10680 NW 123 ST RD, SUITE 106  
City-St-Zip: MEDLEY, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: PESTANA, GODFREY  
Address: 10680 NW 123 ST RD, SUITE 106  
City-St-Zip: MEDLEY, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: SOTO, JULIO E  
Address: 10680 NW 123 ST RD, SUITE 106  
City-St-Zip: MEDLEY, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Delete  
Name: XIQUES, GRISELL  
Address: 10680 NW 123 ST RD, SUITE 106  
City-St-Zip: MEDLEY, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GRISELL XIQUES

T

07/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date