

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000005093

1. Entity Name
**ROSA BLANCA COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1929 NW 20TH STREET
MIAMI, FL 33142**

Mailing Address
**1929 NW 20TH STREET
MIAMI, FL 33142**



04092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1262286

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR, BLANCA
1929 NW 20TH STREET
MIAMI, FL 33142**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SALAZAR, BLANCA P
STREET ADDRESS	1929 NW 20TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VD
NAME	GONZALEZ GUERRA, ROSA ANGELICA
STREET ADDRESS	1929 NW 20TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	STD
NAME	SALAZAR, ELISEO HENRY
STREET ADDRESS	1929 NW 20TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000538153
05/09/06-80046-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Blanca Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06 305-3268552