## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # N04000005093 04-30-2007 90767 001 \*\*\*\*26.25 ROSA BLANCA COMMERCIAL CONDOMINIUM 04-30-2007 90767 002 \*\*\*\*35.00 ASSOCIATION, INC. Principal Place of Business Mailing Address 1929 NW 20TH STREET 1929 NW 20TH STREET 66011994 MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # Mailing Address WH FSP 20 S Suite, Apt. #, etc. 04192007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-1262286 City & State City & State Applied For Deida liami 00 I D A àm1 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAZAR Blanca SALAZAR, BLANCA Street Address (P.O. Box Number is Not Acceptable) **1929 NW 20TH STREET** MIAMI, FL 33142 54. Hiami 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 \_ 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Detete TITLE ☐ Change ☐ Addition SALAZAR, BLANCA P NAME NAME 1929 NW 20TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change GONZALEZ GUERRA, ROSA ANGELICA NAME NAME STREET ADDRESS 1929 NW 20TH STREET STREET ADDRESS C!TY-ST-ZIP MIAMI, FL 33142 CITY-ST-7IP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SALAZAR, ELISEO HENRY NAME NAME STREET ADDRESS 1929 NW 20TH STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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:

SIGNING OFFICER OR DIRECTOR

FILED