


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90075 001 ****61.25

DOCUMENT # N04000005256	
1. Entity Name PARCO INDUSTRIALE TAMiami CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2600 NW 87 AVENUE, #32 MIAMI FL 33172	Mailing Address ATTN: MYRIAM PALACIOS P.O. BOX 228055 MIAMI FL 33122
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2. Principal Place of Business - No P.O. Box # 14075-14075 SW 143 Ct	3. Mailing Address Suite, Apt. #, etc.
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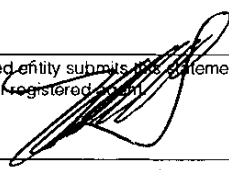
1st MOORE CR2E037 (10/06)

City & State Miami FL	City & State
Zip 33186	Country USA

4. FEI Number 38-3711867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MP PROPERTY MANAGEMENT 2600 NW 87 AVENUE #32 MIAMI FL 33172

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 01/30/2007
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAUDOMEQ, JAVIER 14075 SW 143 CT #9 MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALACIOS, MYRIAM P.O. BOX 228055 MIAMI FL 33122 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTRADA, FLORENTINO 14055 SW 143 CT #16 MIAMI FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANTIGUA, JULIO 14075 SW 143 CT #8 MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JUAN R P.O. BOX 431435 MIAMI FL 33243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Victor Fernandez 10720 SW 30 STREET Miami FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gerardo Martinez 10720 SW 30 STREET Miami FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dino Estrada PO BOX 770730 Miami FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ileana Cabrera 13755 SW 38 STREET Miami FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2/5/2007	Daytime Phone #
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