

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

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90041 047 \*\*\*\*61.25

**DOCUMENT # N04000007646**

1. Entity Name

LES INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2600NW 87 AVENUE, #32  
MIAMI FL 33172

Mailing Address

ATTN: MYRIAM PALACIOS  
P.O. BOX 228055  
MIAMI FL 33122



2. Principal Place of Business - No P.O. Box #

6965 NW 43 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Zip

Country

33122

USA

Country

4. FEI Number

34-2024599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MP PROPERTY MANAGEMENT  
ATTN: MYRIAM PALACIOS  
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 re-registering)

DATE

1-18-2007

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, EFRAIN	
STREET ADDRESS	3220 N W 16 TERRACE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JULIO	
STREET ADDRESS	6965 NW 43 ST #2	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PALACIOS, MYRIAM	
STREET ADDRESS	PO BOX 228055	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oswaldo Cardoza	
STREET ADDRESS	6965 NW 43 ST #3	
CITY-ST-ZIP	Miami FL 33122	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leo Schiegel	
STREET ADDRESS	3200 NW 77 Court	
CITY-ST-ZIP	Miami FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #