

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90038 035 ****61.25

DOCUMENT # N04000007646	
1. Entity Name LES INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6965 NW 43 ST. MIAMI FL 33122	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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country
33222	USA

4. FEI Number 34-2024599	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MP PROPERTY MANAGEMENT ATTN: MYRIAM PALACIOS 2600 NW 87 AVENUE #32 MIAMI FL 33172	
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7. Name and Address of New Registered Agent	
Name MP Property Management	
Street Address (P.O. Box Number is Not Acceptable) 8390 NW 53 ST. #313	
City Miami	FL Zip Code 33222

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 is not used when resigning)

DATE

1/24/08

FILE NOW: FEE IS \$61.25 Due By May 1, 2008
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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 NAME STREET ADDRESS CITY- ST- ZIP	VPD GUTIERREZ, EFRAIN 3220 N W 16 TERRACE MIAMI FL 33125 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD RODRIQUEZ, JULIO 6965 NW 43 ST #2 MIAMI FL 33122 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CARDOZA, OSWALDO 6965 NW 43 ST. #3 MIAMI FL 33122 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SCHIEGEL, LEO 3200 NW 77 CT. MIAMI FL 33122 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 to this report, with all other like empowered.

SIGNATURE:

[Signature]