2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008792

1. Entity Name
SUNSET PROFESSIONAL PLAZA, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7300 SW 93 AVE STE 210 MIAMI, FL 33173	7300 SW 93 AVE STE 210 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
90-0197761	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIL, AUGUSTO J
9360 SUNSET DRIVE, SUITE 291
MIAMI, FL 33173

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 _____
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
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIL, AUGUSTO
STREET ADDRESS	7300 SW 93 AVE, STE 210
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	VPD
NAME	AMEIDA, RODNEY
STREET ADDRESS	7300 SW 93 AVE, STE 210
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	TSD
NAME	GIL, JULIA
STREET ADDRESS	7300 SW 93 AVE, STE 210
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000588418
01/17/07-80072-006 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: _Julia Gil_   Julia Gil   1/12/07   (305)598-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #