


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

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000010791</b> 1. Entity Name <b>RAYMOND INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2018 SW 138TH CT. MIAMI, FL 33175</b>	Mailing Address <b>2018 SW 138TH CT. MIAMI, FL 33175</b>
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07072007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>13-4289568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SOBRADO, RAMON 2018 SW 138TH CT. MIAMI, FL 33175</b>
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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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000768418</b> <b>07/12/07-80011-006 70.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ALEXANDER 13365 SW 135 AVE, UNIT 102 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBRADO, LEONOR 2018 SW 138TH CT. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARTIZA 2018 SW 138TH CT. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **Director** 7/7/07 (205) 613-9964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #