

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011652

FILED
Apr 24, 2007
Secretary of State

Entity Name: TAMIAAMI COMMERCE CENTER BUILDING E&F CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD. #770
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD. #770
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-2428199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, ANA M P.A.
1985 NW 88TH COURT #201
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALONSO, PATRICIA
Address: 4000 PONCE DE LEON BLVD #770
City-St-Zip: CORAL GABLES, FL 33146

Title: VPTD () Delete
Name: FOSTER, CAROLLE
Address: 4000 PONCE DE LEON BLVD #770
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: ADRIAN, JORGE
Address: 4000 PONCE DE LEON BLVD #770
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ALONSO

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date