


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

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90204 029 ****61.25

DOCUMENT # N05000001130 1. Entity Name NEW RIVER BUSINESS CENTRE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1000 BRICKELL AVE SUITE 900 MIAMI, FL 33131	Mailing Address 1000 BRICKELL AVE SUITE 900 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

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04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3525830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAJANDAS, RICARDO
2699 S BAYSHORE DR 7TH FLOOR
MIAMI, FL 33131

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONCHI, JAMES P 1000 BRICKELL AVENUE - SUITE 1020 MIAMI, FL 33131	Please remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERMER, CHARLES 1000 BRICKELL AVENUE - SUITE 1020 MIAMI, FL 33131	Please remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, FERNAN 1003 SHOTGUN RD SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Stern 801 Shotgun Rd Sunrise, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Huettel 803 Shotgun Rd Sunrise, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**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 such like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/07 Daytime Phone #: 954-4760813