

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 FEB 25 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|---|---|---|---|---|
| DOCUMENT # N05000003782 1. Entity Name PARKFRONT COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 13170 SW 128TH ST 207 MIAMI, FL 33186 | | | Mailing Address P.O. BOX 1741 MIAMI, FL 33283 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 01052009 Chg-NP CR2E037 (11/08) | |
| City & State | | City & State | | 4. FEI Number 20-2708668 | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent OCEAN MANAGEMENT & INVESTMENT CORPORATION 10697 SW 76 TERRACE MIAMI, FL 33173 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2009 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LIMA, JOSE 13170 SW 128TH ST #101 MIAMI, FL 33186 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LAURA LLERENA 13170 SW 128 ST # 207 MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ARGENAL, MARCO 13170 SW 128TH ST #207 MIAMI, FL 33186 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200144410402 02/25/09--01027--001 **\$1.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ECHAVARRIA, RICARDO 13170 SW 128TH ST #207 MIAMI, FL 33186 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date: 2/16/09 Daytime Phone #: 305 2338282 | |

2/25/09

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