2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90354 013 ****70.00

DOCUMENT # N05000006011

MACO INDUSTRIAL CONDOMINIUM II ASSOCIATION, INC.



Mailing Address Principal Place of Business 4700 NW 132ND STREET 4700 NW 132ND STREET

MIAMI, FL 33054 MIAMI, FL 33054												
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Principal Place of Business Address Mailing Address												
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01262006	Chg-NP	CR2E	037 (11/05)	
City & State			Cit	City & State				4. FEI Number	-4528	360) Ap	pplied For of Applicable
Zip Country Zi			Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						ſ		7. Name and A	ddress of New R	Registere		
						Name						
WHITEBOOK, DANIEL S						Provide Address (D.O. Brown)						
4700 NW 132ND STREET						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33054											
						City				F	■ Zip Cod	e
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.												
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SIGNATURE.	Signature, typed	t or printed name of registered age	nt and title if app	licable. (NOTE:	Registered	d Agent signature	e required	when reinstating)		DATE		
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Filing Fee is \$61.25 9. Election Campaign								\$5.00 May Be	1		ck payable t	
Due by May 1, 2006 Trust Fund					entribution.			Added to Fees	Flor	rida Dep	artment of S	tate
10. OFFICERS AND DIRECTORS					11.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	D			☐ Delete	TITLE	: 6	PRES	STOENT/	pirector		Change	Addition
NAME	i	OOK, DANIEL S			NAM			,				
STREET ADDRESS												
		132ND STREET				et address						
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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 accuracy with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-685-761