
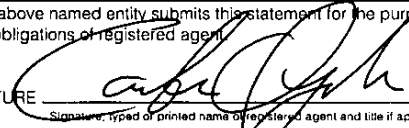
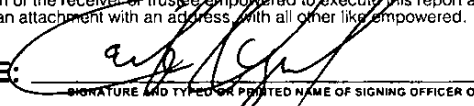


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90059 023 ****61.25

DOCUMENT # N05000008272			
1. Entity Name 3433-3435 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 16120 SW 71ST TERRACE MIAMI, FL 33193		Mailing Address 16120 SW 71ST TERRACE MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box # 3435 SW 1 AVE		3. Mailing Address 3435 SW 1 AVE	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33145	Country USA	Zip 33145	Country USA
6. Name and Address of Current Registered Agent RAMOS, RAFAEL 16120 SW 71ST TERRACE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name CARLOS J. OYOLA Street Address (P.O. Box Number is Not Acceptable) 3435 SW 1 AVE City MIAMI FL Zip Code 33145	
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 		DATE 7/2/07	
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	
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 RAMOS, RAFAEL 16120 SW 71ST TERRACE MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOS J OYOLA 3435 SW 1 AVE MIAMI FL. 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RAMOS, ROGELIO 16120 SW 71ST TERRACE MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Angel O. Benitez 3433 SW 1 AVE MIAMI FL. 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMOS, RAMIRO 16120 SW 71ST TERRACE MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLOS J. OYOLA 3435 SW 1 AVE MIAMI FL. 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 		DATE 7/2/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 725-4607	