


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

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010801 1. Entity Name PERRINE INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8700 WEST FLAGLER STREET, SUITE 165 MIAMI, FL 33174	Mailing Address 8700 WEST FLAGLER STREET, SUITE 165 MIAMI, FL 33174
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01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3663169	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DIAZ, OSVALDO J 7951 S.W. 40TH STREET, SUITE 206 MIAMIA, FL 33155
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**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. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGO, JULIO 8700 WEST FLAGLER STREET, SUITE 165 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, FRANCISCO 8700 WEST FLAGLER STREET, SUITE 165 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CECCHINI, ANTHONY R 8700 WEST FLAGLER STREET, SUITE 165 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000616339
02/07/07-80023-019 150.00

**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 another like empowered.

SIGNATURE: df 1/23/07 3052610251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #