

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011657

FILED
Jul 13, 2007
Secretary of State

Entity Name: 8300 BYRON AVE. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10300 SUNSET DR.
155
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10300 SUNSET DR.
155
MIAMI, FL 33173

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RUIZ, MARIA T
10300 SUNSET DR.
155
MIAMI, FL 33173 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, MARIA T
Address: 10300 SUNSET DR. #155
City-St-Zip: MIAMI, FL 33141

Title: V () Delete
Name: BRAVO, MAURICIO
Address: 8300 BYRON AVE #1
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: GUERRA, RICARDO
Address: 8300 BYRON AVE #12
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: PEREZ, BARBARA
Address: 8300 BYRON AVE #11
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA T RUIZ

PRES

07/13/2007

Electronic Signature of Signing Officer or Director

Date