

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-12-2007 90072 014 ****61.25

DOCUMENT # N06000005431					
1. Entity Name HAFIF INDUSTRIAL WAREHOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8090 W 23RD AVE BAY #1 HIALEAH, FL 33016			Mailing Address 8090 W 23RD AVE BAY #1 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20 504 4435	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 2100 W 76 ST STE 212 HIALEAH, FL 33016			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE					
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	DPT SAKAL, SYLVANO 8090 W 23RD AVE BAY #1 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DSV SALEN, ADRIANA 8090 W 23RD AVE BAY #1 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT SAKAL, ADRIANA 8090 W 23RD AVE BAY #1 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <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: SILVANO SAKAL			2/12/07 305-818-6786		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		