


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N06000007787		
1. Entity Name INDIAN RIDGE COMMERCE CENTER ASSOCIATION, INC.		
Principal Place of Business 783 SHOTGUN RD SUNRISE, FL 33326	Mailing Address 783 SHOTGUN RD SUNRISE, FL 33326	



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8938956	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
% ROSA M. DE LA CAMARA, ESQ.
121 ALHAMBEA PLAZA - 10TH FLOOR
CORAL GABLES, FL 33134**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000791432
01/23/08-80074-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REY, JAIME 783 SHOTGUN RD SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, OSVALDO 7851 SW 40TH ST., SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REY, MARIA 783 SHOTGUN RD SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/08

Date

954-644-8588

Daytime Phone #