## 2008 NOT-FOR-PROFIT CORPORATION

## Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90157 037 \*\*\*\*61.25

## ANNUAL REPORT

DOCUMENT # N07000003979

138 ST COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 8514 NW 165 TERR. 8514 NW 165 TERR. MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 Cha-NP CR2E037 (12/06) Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOJE FELLEL MIAMI CORPORATE REGISTRY Street Address (P.O. Box Number is Not Acceptable) 2100 W 76 33 SUITE 212 HIALEAH, FL 33016 e of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered age JOJE PELLER SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERNER, JOSE NAME NAME STREET ADDRESS 8514 NW 165 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY - ST- ZIP SVD TITLE ☐ Change **Addition** TITLE Delete MERLO, MARGELO MARRERO, HECTOR NAME NAME 7445 BEG CYPRESS DR. STREET ADDRESS 2100 W 76 ST SUITE 212 STREET ADDRESS MIAMI LAKES, FL 33014 HIALEAH, FL 33016 CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TOTLE PALENZUELA, VIVIAN NAME NAME 2100 W 76 ST SUITE 212 STREET ADDRESS STREET ADDRESS F-L 33016 HIALEAH, FL 33016 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIŤIF ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 another 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 of trustee approvered 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 tike empowered. SIGNATURE: