2007 NOT-FOR-PROFIT CORPORATION **FILED ANNUAL REPORT** Jan 08, 2007 08:00 AM DOCUMENT # N07007 **Secretary of State** 1. Entity Name TAMAIR COMMERCIAL CENTER SECTION I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 14260 SW 136 STR UNIT 11 14260 SW 136 STR UNIT 11 MIAMI, FL 33186 US MIAMI, FL 33186 US 01032007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2501522 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURANO, MICHAEL A DO NOT WRITE 14260 SW 136 STR **UNIT 11** IN THIS SPACE MIAMI, FL 33186 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.

9. Election Campaign Financing

Trust Fund Contribution.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Filling Fee is \$61.25

Due by May 1, 2007

GERSHEN, LARRY

14612 SW 153 CT

HADLEIGH, HOWD

LEONARD, STEVE

14260 S.W. 136 ST. #14

14260 SW 136TH ST #15

TURANO, MICHAEL A

14260 SW 136ST #11

MIAMI, FL

MIAMI, FL

MIAMI, FL

MIAMI, FL

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10.

TITLE

NAME

TITLE NAME

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NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

| TITLE | | |
|--|--|------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filling 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 employment to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an anathement with any discrete. SIGNATURE: **Mathematical Control of the Information Statutes and Tunano (104/07) 305-252-1210 | | |
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR | Date / Daytine Phone # |

(NOTE: Registered Agent signature required when remeasure)

\$5.00 May Be

Added to Fees