


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 028 ****61.25

DOCUMENT # N07171							
1. Entity Name SOUTH MIAMI BUSINESS CENTER SEC. TWO CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 13800 SW 144TH AVE ED MIAMI, FL 33186 US		Mailing Address 13800 SW 144TH AVE RD MIAMI, FL 33186 US					
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 65-0184102	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required 01042008 Chg-NP CR2E037 (12/06)					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SUITS, STEPHEN C/O LAND CAP PROPERTY SVCS 13800 SW 144TH AVE RD MIAMI, FL 33186			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	AZZE, JØRGE		NAME				
STREET ADDRESS	7194 SW 47 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BURNS, JERRY		NAME	EUGENIO SILVA			
STREET ADDRESS	7040 SW 48 ST		STREET ADDRESS	4705 SW 72 AVE			
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIA, FL 33155			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRES, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FLICK, MICHAEL		NAME	ANTHONY SINATRA			
STREET ADDRESS	7180 SW 47 ST		STREET ADDRESS	7180 SW 47 ST			
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIA, FL 33155			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ONA, ALFREDO V		NAME				
STREET ADDRESS	7188 SW 47 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERRALTA, CRISTINA		NAME	Serralta, cristina			
STREET ADDRESS	7186 SW 47 ST		STREET ADDRESS	7186 SW 47 ST			
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI, FL 33155			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: _____		4-8-08		(305) 588 6868			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			