

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N11031**

1. Entity Name  
**INTERNATIONAL TRADE & BUSINESS CENTER  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1700 N.W. 94TH AVENUE  
MIAMI, FL 33172**

Mailing Address  
**1700 N.W. 94TH AVENUE  
MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0035857**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ARRAZOLA, ALFONSO  
1700 N.W. 94TH AVENUE  
MIAMI, FL 33172**

**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 terminating)

1100000147529

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

05/03/04-80110-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**DS  
ARRAZOLA, ALFONSO  
1700 NW 94 AVE.  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**DP  
DAGO, ROSA D  
1650 NW 94 AVE.  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**DV  
DAGO, CARMEN D  
1650 NW 94 AVE.  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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 exemption stated in Section 119.07(3)(i), 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:**

**ALFONSO ARRAZOLA**

**4/29/04**

**(305) 593-1641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #