



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N13119 1. Entity Name SOUTH MIAMI BUSINESS CENTER SEC. FOUR CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 7160 S.W. 47 ST. MIAMI, FL 33155	Mailing Address 7160 S.W. 47 ST. MIAMI, FL 33155
--	--

DO NOT WRITE IN THIS SPACE



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0012886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONTORAKES, GEORGE 7160 S.W. 47 ST. MIAMI, FL 33155	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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASMAR, MICHAEL 7166 S.W. 47 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONTORAKES, MARIA 7160 S.W. 47 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONTORAKES, GEORGE 7160 S.W. 47 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000642660
 03/01/07-80052-013 61.25

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: *George Contorakes* 2-15-2007 305-661-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #