2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Secretary of State **DOCUMENT # N13148** 01-10-2007 90048 020 ****61.25 1. Entity Name WEST PLAZA CONDOMINIUM ASSOCIATION INC. Principal Place of Business Mailing Address 400000 2511 SW 102 AVE 2511 SW 102 AVE MIAMI, FL 33165 2501 SW 102 AVE MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0010732 City & State City & State Applied For Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON S, MARTINEZ MIRANDA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 2501 SW 102 AVE MIAMI, FL 33165 2511 SW 102 AVE 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 \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ■ Addition MIRANDA, MAGALY NAME NAME 2501 SW 102ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331652523 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MIRANDA, FERNANDO JR. NAME NAME 9750 SW 68 ST STREET ADDRESS STREET ADDRESS MIAMI, FL 331734602 CITY-ST-7IP CITY-ST-ZIP SD TITLE ☐ Addition TITLE Delete Change MARTINEZ, MAGGIE NAME STREET ADDRESS 2511 S.W. 102 AVE. STREET ADDRESS CiTY-ST-ZIP MIAMI, FL 331652523 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MARTINEZ, NELSON NAME NAME STREET ADDRESS 2511 SW 102 AVE STREET ADDRESS MIAMI, FL 331652523 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED Jan 10, 2007 8:00 am