

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17551**

1. Entity Name

70TH AVE. WAREHOUSE CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

ALONSO TRANSMISSION, INC.  
7087 SW 13 TERRACE  
MIAMI FL 33144  
US

ALONSO TRANSMISSION, INC.  
7087 SW 13 TERRACE  
MIAMI FL 33144  
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2793007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONSO, CARLOS  
7007 SW 13 TERR  
MIAMI FL 33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD ☐ Delete  
NAME: MENENDEZ, JORGE  
STREET ADDRESS: 1340 SW 70 AVE.  
CITY-STATE-ZIP: MIAMI FL

TITLE: PD ☐ Delete  
NAME: ALONSO, CARLOS  
STREET ADDRESS: 7007 SW 13 TERR.  
CITY-STATE-ZIP: MIAMI FL

TITLE: STD ☐ Delete  
NAME: ALONSO, ONILDA  
STREET ADDRESS: 7007 S.W. 13 TERR  
CITY-STATE-ZIP: MIAMI FL 33144

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: 000000618972  
STREET ADDRESS: 02/08/07-80052-016 61.25  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Onilda Alonso*

01-25-07