

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17575**

1. Entity Name  
**THE MARSA WAREHOUSE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O SALVADOR PILES  
14525 SW 79TH CT  
MIAMI, FL 33158 US**

Mailing Address  
**14525 SW 79TH CT  
MIAMI, FL 33158 US**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0008113** Applied For  
Not Applicable

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

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

**PILES, SALVADOR  
14525 SW 79TH CT  
MIAMI, FL 33158**

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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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PILES, SALVADOR
STREET ADDRESS	14525 SW 79TH CT
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	PILES, MARIA
STREET ADDRESS	14525 SW 79TH CT
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PILES, JUAN J PA
STREET ADDRESS	7270 NW 12 STREET SUITE 545
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000396795  
01/30/06-80022-020 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Maria E. Piles* **MARIA E. Piles** 1/20/06 (305) 4710142