

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N17575

1. Entity Name
**THE MARSAL 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**



01312007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

U00000625283
02/14/07-80068-021 61.25

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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** **2-5-07** **(305) 4710147**