

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 028 \*\*\*\*61.25

40065273



<b>DOCUMENT # N22994</b>					
1. Entity Name EL BATEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PEDRO ZAMORA 1395 NW 31ST AVE #B MIAMI, FL 33125 US			Mailing Address MANAGEMENT SPECIALTY INC. 8625 N.W. 8TH STREET #413 MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 8625 NW 8th Street		
Suite, Apt. #, etc.			# 407		
City & State			City & State MIAMI, Florida		
Zip	Country	Zip	Country	4. FEI Number 65-0124160	
33126	U.S.A	33126	U.S.A	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALTY INC 8625 NW 8TH ST #413 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name: MANAGEMENT SPECIALTY INC. Street Address (P.O. Box Number is Not Acceptable) 8625 NW 8th Street #407 City: MIAMI FL Zip Code: 33126	
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		NORMA GRACIANO		04/3/2007	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMORA, PEDRO		NAME		
STREET ADDRESS	1395-B N.W. 31ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMORA, SILVIA		NAME	MANUEL LOPEZ	
STREET ADDRESS	1390 N.W. 31ST AVENUE		STREET ADDRESS	1383 NW 31 AVE UNIT #A	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	MIAMI Florida 33125	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMORA, JUAN		NAME	ORLANDO URR	
STREET ADDRESS	1391 NW 31ST AVE		STREET ADDRESS	1387 NW 31 AVE UNIT A	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	MIAMI, Florida 33125	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		04-07-07		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	