


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N26853 1. Entity Name THE 300 BUILDING CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 300 SW 107 AVENUE MIAMI, FL 33174	Mailing Address 400 SW 107 AVENUE 312 MIAMI, FL 33174
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03282008 No Chg-NP CR2E037 (4/06)

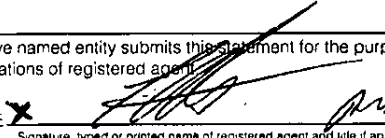
DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ACOSTA, CARLOS 300 S.W. 107TH AVE STE 207 MIAMI, FL 33174

**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 **4/7/08**

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, CARLOS 300 SW 107 AVE #208 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OJEDA, NEIT 300 SW 107 AVE, STE 101 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERMUDEZ, DENIS 300 SW 107 AVE #204 MIAMI, FL 33174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/08-80019-008 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 #

4/7/2008 (305) 220-5684