


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29161</b>		
1. Entity Name <b>HIALEAH COMMERCE PLAZA CONDOMINIUM ASSOCIATION III, INC.</b>		
Principal Place of Business <b>HIALEAH COMMERCE PLAZA CONDO 1671/1681/1691 W 37 ST HIALEAH, FL 33012 US</b>	Mailing Address <b>C/O AMERICAN MANAGEMENT &amp; REALTY, INC 2011 W 62 STREET HIALEAH, FL 33016 US</b>	



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2422009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>AMERICAN MANAGEMENT &amp; REALTY, INC 2011 W. 62ND STREET HIALEAH, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**

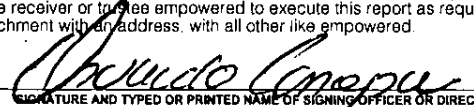
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONCEPCION, OSVALDO 1671 WEST 37TH STREET, #8 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIBAS, JOSE 1691 WEST 37 ST, #30 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAZQUEZ, LUIS A 1691 WEST 37 ST, # 27 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-90095-009 61.25

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: 	Date: <b>3-24-08</b>	Daytime Phone #: <b>305-558-9820</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		