


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-29-2007 90070 024 ****61.25

DOCUMENT # N30137			
1. Entity Name SUBARNO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O ROLANDO GAYARRE 9550 NW 12TH ST BAY 11 MIAMI, FL 33172		Mailing Address C/O ROLANDO GAYARRE 9550 NW 12TH ST BAY 11 MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # C/O JDL INDUSTRIES 9500 NW 12ST BAY 6 DORAL FL 33172		3. Mailing Address C/O JDL INDUSTRIES 9500 NW 12ST BAY 6 DORAL FL 33172	
4. FEI Number 65-0154434		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 GAYARRE, ROLANDO PO BOX 228346 DORAL, FL 33122		7. Name and Address of New Registered Agent Name: GAYARRE Rolando Street Address (P.O. Box Number is Not Acceptable): C/O JDL Industries 9500 NW 12ST BAY 6 City: DORAL FL Zip Code: 33172	
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: <u>Rolando Gayarre Rolando GAYARRE</u> 1-26-07 <small>Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when renouncing)</small> DATE			
Filing Fee is \$81.25 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: D NAME: PLA, RAUL STREET ADDRESS: 9500 NW 12TH ST UNIT # 5 CITY-ST-ZIP: MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GAYARRE, ROLANDO STREET ADDRESS: 9550 NW 12TH ST UNIT # 11 CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: D NAME: GAYARRE Rolando STREET ADDRESS: 9500 NW 12ST UNIT # 6 CITY-ST-ZIP: DORAL, FL. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LOPEZ, JOSE D STREET ADDRESS: 9550 NW 12TH ST UNIT # 6 CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: NAME: PRESIDENT STREET ADDRESS: LOPEZ JOSE D CITY-ST-ZIP: 9500 NW 12ST. UNIT # 6 DORAL, FL. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 individuals empowered.			
SIGNATURE: <u>Jose D. Lopez</u> 1-26-07 305-803-7872 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-26-07</u> Daytime Phone #: <u>305-803-7872</u>	

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