


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N30886 1. Entity Name FOURPLEX AT 84TH AVENUE, A CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8404 N.W. 64TH STREET MIAMI, FL 33166	Mailing Address 8404 N.W. 64TH STREET MIAMI, FL 33166
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02022007 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 AMORE, PAOLO 8404 N.W. 64TH STREET MIAMI, FL 33166

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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

000000638837
02/27/07-80046-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMORE, PAOLO 8404 N.W. 64TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTERTON, WARD 8404 N.W. 64TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, GLORIA 6394 N.W. 64TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Paolo Amore 2/6/2007 (305) 913-5440