


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38955**  
 1. Entity Name  
**INVINETAN CONDOMINIUM, INC.**



Principal Place of Business Mailing Address  
**C/O SEGUNDO R. HERNANDEZ** **C/O SEGUNDO R. HERNANDEZ**  
**1648 W 42ND PLACE, UNIT C** **1648 W 42ND PLACE, UNIT C**  
**HIALEAH FL 33012** **HIALEAH FL 33012**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0208908** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HERNANDEZ, SEGUNDO R.**  
**1646 W 42ND PLACE**  
**UNIT C**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, SEGUNDO
STREET ADDRESS	1646 W 42ND PLACE UNIT C
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, PILAR
STREET ADDRESS	1646 W 42ND PLACE UNIT C
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SANTORRO, DAISY
STREET ADDRESS	1646 W 42 PL, UNIT A
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	VALDEZ, LIBRADA
STREET ADDRESS	1646 W 42 PL, UNIT A
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Segundo R. Hernandez* **205-656-4796**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-23/05 " 362-1370**  
Use Daytime Phone #