

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N38955 1. Entity Name INVINETAN CONDOMINIUM, INC.					
Principal Place of Business C/O SEGUNDO R. HERNANDEZ 1648 W 42ND PLACE, UNIT C HIALEAH FL 33012			Mailing Address C/O SEGUNDO R. HERNANDEZ 1648 W 42ND PLACE, UNIT C HIALEAH FL 33012		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0208908	
Zip		Country		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	
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 reinstating) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HERNANDEZ, SEGUNDO 1646 W 42ND PLACE UNIT C HIALEAH FL	☒ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HERNANDEZ, PILAR 1646 W 42ND PLACE UNIT C HIALEAH FL	☒ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SANTORRO, DAISY 1646 W 42 PL, UNIT A HIALEAH FL	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D VALDEZ, LIBRADA 1646 W 42 PL, UNIT A HIALEAH FL	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		☐ Change ☐ Addition	



1st MOORE CR2E037 (10/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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
NAME
STREET ADDRESS
CITY ST ZIP
D
HERNANDEZ, SEGUNDO
1646 W 42ND PLACE UNIT C
HIALEAH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
HERNANDEZ, PILAR
1646 W 42ND PLACE UNIT C
HIALEAH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
SANTORRO, DAISY
1646 W 42 PL, UNIT A
HIALEAH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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VALDEZ, LIBRADA
1646 W 42 PL, UNIT A
HIALEAH FL

☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

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CITY ST ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
U000000604134
01/29/07-80041-018 61.25

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Segundo R Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07 305-608-2647
Date Daytime Phone #