

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39593

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** PARK WEST BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13200 SW 128 ST E-1  
MIAMI, FL 33186

**New Principal Place of Business:**

13200 SW 128 ST E-3  
MIAMI, FL 33186

**Current Mailing Address:**

13200 SW 128 ST E-1  
MIAMI, FL 33186

**New Mailing Address:**

13200 SW 128 ST E-3  
MIAMI, FL 33186

FEI Number: 65-0232216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUTHEAST PROPERTY MANAGEMENT COMPANY  
13200 SW 128 ST  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

DISTINCTIVE PROPERTY MANAGEMENT  
13200 SW 128 ST E-3  
MIAMI, FL 33186 US

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.

SIGNATURE: ROBERTO LOPEZ

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ORTA, NELSON  
Address: 13370 SW 131 ST #105  
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete  
Name: SABAG, LEE  
Address: 9334 SW 56 ST  
City-St-Zip: MIAMI, FL 33165

Title: VP ( ) Delete  
Name: ESCAR, JUAN  
Address: 13380 SW 131 ST #117  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON ORTA

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date