

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004848

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** PLAZAWEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7655 NW 50TH STREET  
MIAMI, FL 33166 US

**New Principal Place of Business:**

3057 NW 82 AVENUE  
DORAL, FL 33166 US

**Current Mailing Address:**

PO BOX 440067  
MIAMI, FL 33144 US

**New Mailing Address:**

PO BOX 228055  
MIAMI, FL 33222 US

**FEI Number:** 59-1958797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNLIMITED PROPERTY MGMT  
7655 NW 50 ST  
MIAMI, FL 33166 US

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

MP PROPERTY MGMT  
8390 NW 53 STREET  
SUITE 313  
DORAL, FL 33166 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: MYRIAM PALACIOS

01/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MELO, ROBERT  
Address: 3037 NW 82ND AVE  
City-St-Zip: MIAMI, FL 33122

Title: VPD ( ) Delete  
Name: SALVADE, HECTOR  
Address: 3061 NW 82 AVE  
City-St-Zip: MIAMI, FL 33122

Title: TD ( ) Delete  
Name: NESTOR, GONZALEZ  
Address: 3073 NW 82ND AVE  
City-St-Zip: MIAMI, FL 33122

**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: ROBERTO MELO

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date