


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005513 1. Entity Name FLIGHTWAY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business %HAYDEE CEBALLOS 354 SEVILLA AVE. CORAL GABLES, FL 33134	Mailing Address %HAYDEE CEBALLOS 354 SEVILLA AVE. CORAL GABLES, FL 33134
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04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0560934	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 CEBALLOS, HAYDEE 354 SEVILLA AVE. CORAL GABLES, FL 33134

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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 reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000344149 04/29/05-80125-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANCISCO, VALTER J %354 SEVILLA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CEBALLOS, HAYDEE 354 SEVILLA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PIMENTA, JOSUE DIMAS D %354 SEVILLA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Haydee Ceballos **HAYDEE CEBALLOS** 4/27/05 305 448-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **S.D.** Date Daytime Phone #