2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N93000005513

1. Entity Name

FLIGHTWAY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

%HAYDEE CEBALLOS 354 SEVILLA AVE. CORAL GABLES, FL 33134 Mailing Address

%HAYDEE CEBALLOS 354 SEVILLA AVE. CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

 04272007
 No Chg-NP
 CR2E037 (4/06)

 4, FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$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 Signature, typed or printed name of registered agent and bits if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000750850 05/25/07-80032-008 61.25
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		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					