

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90098 017 \*\*\*\*61.25

<b>DOCUMENT # N94000002932</b> 1. Entity Name <b>THE CENTRE AT BEACON NORTH CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>8555 NW 29TH ST. MIAMI, FL 33122 US</b>		Mailing Address <b>P.O. BOX 565820 MIAMI, FL 33156 US</b>	
2. Principal Place of Business - No P.O. Box # <b>9000 SW 152nd STREET</b>		3. Mailing Address <b>9000 SW 152nd Street</b>	
Suite, Apt. #, etc. <b>#102</b>		Suite, Apt. #, etc. <b>#102</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33157</b> Country <b>USA</b>		Zip <b>33157</b> Country <b>USA</b>	
4. FEI Number <b>65-0540769</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSTER COMPANY OF SO FLORIDA INC 12396 S.W. 82ND AVE. MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>THE FOSTER COMPANY OF SO FLORIDA, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>9000 SW 152nd Street #102</b> City <b>MIAMI</b> FL Zip Code <b>33157</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>Director</b> NAME <b>BARRETO, WADI O</b> STREET ADDRESS <b>8485 N.W. 29TH STREET</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Pres</b> NAME <b>ARROJO, SAM</b> STREET ADDRESS <b>8515 NW 29TH ST</b> CITY-ST-ZIP <b>MIAMI, FL 33122</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b> NAME <b>PAZUS, RUBEN</b> STREET ADDRESS <b>8535 NW 29TH ST</b> CITY-ST-ZIP <b>MIAMI, FL 33122</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	