

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000001529

1. Entity Name
**LATIN QUARTER TOWER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1699 SW 7TH STREET
#100
MIAMI, FL 33135**

Mailing Address

**1699 SW 7TH STREET
#100
MIAMI, FL 33135**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0695404

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARIN, MIRIAM
1699 SW 7TH STREET
#100
MIAMI, FL 33135**

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IN THIS SPACE**

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 or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PARDO, MIGUEL
1699 SW 7TH STREET #100
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARIN, MIRIAM
1699 SW 7TH STREET #100
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RODRIGUEZ, ELIZA BETH
1699 SW 7TH STREET #100
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AMADOR, ANTHONY
1699 SW 7TH ST., #100
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000628756
02/16/07-80029-021 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #