

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002988**

1. Entity Name  
LA PLAYA DE VARADERO IV CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
18801 COLLINS AVENUE  
SUNNY ISLES, FL 33169

Mailing Address  
8500 W FLAGLER STREET  
MIAMI, FL 33144 US



04242008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0606431

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HERNANDEZ & TACORONTE CPA  
8500 FLAGLER ST, SUITE B 208  
MIAMI, FL 33144

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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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	LUIS, MAGDALENA
STREET ADDRESS	6561 W. 11TH CT.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	PD
NAME	CORDERO, CARLOS
STREET ADDRESS	4905 SW 88TH CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	TD
NAME	TROJILLO, JOSE
STREET ADDRESS	8530 SW 128TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	ROIG, MARIA
STREET ADDRESS	1990 W. 56 ST., 1112
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	ALVAREZ, OLGA
STREET ADDRESS	514 NW 25TH CT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000933757  
05/23/08-80004-025 150.00

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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 #