

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90290 041 ****61.25

DOCUMENT # N96000003812

1. Entity Name

**CENTER PEQUENA HABANA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1351 SW 4TH ST.
MIAMI FL 33135
US**

Mailing Address

**10630 SW 7TH TERR
MIAMI FL 33174
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0816057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, VICTOR
10630 S.W. 7 TERR
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name

ARACELY GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

10630 SW. 7 Terr

City

Miami

FL

Zip Code

33174

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

4/13/05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, VICTOR	
STREET ADDRESS	10630 S.W. 7 TERR.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CRUZ, PILAR	
STREET ADDRESS	10630 CRUZ	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ARACELY	
STREET ADDRESS	10630 SW. 7 TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARACELY GONZALEZ

4/13/05

786-356-8236

Date

Daytime Phone #