2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 13, 2008 8:00 am
Secretary of State
02-12-2008 90020 038 ****61.25

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1. Entity Name

CARIBBEAN WAREHOUSE CENTER CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
6905-21 N.W. 52 STREET MIAMI FL 33166	P.O. BOX 228055 ATTN: M. PALACIOS MIAMI FL 33122

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 33222 / Country USA

4. FEI Number 65-1153721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MP PROPERTY MANAGEMENT ATTN: M. PALACIOS 2600 NORTHWEST 87 AVENUE #32 MIAMI FL 33172	Name: MP Property Management Street Address (P.O. Box Number is Not Acceptable): 8390 NW 53 St #313 City: Miami FL Zip Code: 33166

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 _____ DATE 1/24/08

Signature of new registered agent (if changing) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By: May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ABAD, JAIME 6917 NW 52ST MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BERNEY, MARTHA 6925 NORTHWEST 52 STREET MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TORMES, FRANCISCO 6913 NW 52 STREET MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RALUY, ANTONIO 6921 N.W. 52 ST MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Monsante, Arturo 6941 NW 52 St. Miami FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Eilden, Todd 6929 NW 52 St. Miami FL 33166	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Francisco Tormes 2/4/08 305-592-3262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #