
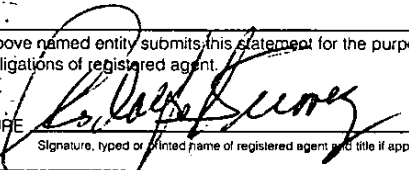
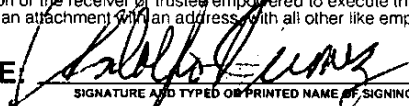


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90020 001 \*\*\*\*61.25

<b>DOCUMENT # N97000006418</b> 1. Entity Name <b>HARBIE CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10200 NW 25TH STREET</b> <b>200</b> <b>MIAMI, FL 33172</b>			Mailing Address <b>10200 NW 25TH STREET</b> <b>200</b> <b>MIAMI, FL 33172</b>		
2. Principal Place of Business - No P.O. Box # <b>10200 NW 25th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>396 Alhambra Circle</b> Suite, Apt. #, etc. <b>Suite 330</b>			
City & State <b>Doral, FL</b>		City & State <b>Coral Gables FL</b>		4. FEI Number <b>65-0519224</b>	
Zip <b>33172</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SUAREZ, RODOLFO J</b> <b>10200 NW 25TH STREET</b> <b>200</b> <b>MIAMI, FL 33172</b>				7. Name and Address of New Registered Agent Name <b>Rodolfo Suarez</b> Street Address (P.O. Box Number is Not Acceptable) <b>10200 NW 25th Street</b> <b>Unit 207</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33172</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  <b>Rodolfo J. Suarez</b> <b>2/14/07</b> <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</b> <b>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>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANON, JESUS 10200 NW 25TH STREET, #200 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10200 NW 25th Street, #A-100</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARVALHO, MARCIO E 10200 NW 25TH STREET, #200 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VA Raul Sebbag</b> <b>10200 NW 25th Street, #116</b> <b>Doral, FL 33172</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELJAU, JACOB 10200 NW 25TH STREET, #200 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Luiz Otavio Silva</b> <b>10200 NW 25th Street, #115</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, RODOLFO J 10200 NW 25TH STREET, #200 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P 10200 NW 25th Street, #207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Armando Alonso</b> <b>10200 NW 25th Street, #B-201</b> <b>Doral, FL 33172</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE  <b>Rodolfo J. Suarez</b> <b>2/14/07</b> <b>(305) 718-4400</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Resident*

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DOCUMENT # N97000006418

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HARBIE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
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200  
MIAMI, FL 33172

Mailing Address  
10200 NW 25TH STREET  
200  
MIAMI, FL 33172

ATTACHMENT

40110550

DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0519224

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SUAREZ, RODOLFO J  
10200 NW 25TH STREET  
200  
MIAMI, FL 33172

DO NOT WRITE  
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 \$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 D  
NAME CASTANON, JESUS  
STREET ADDRESS 10200 NW 25TH STREET, #200  
CITY-ST-ZIP MIAMI, FL 33172

TITLE VP  
NAME CARVALHO, MARCIO E  
STREET ADDRESS 10200 NW 25TH STREET, #200  
CITY-ST-ZIP MIAMI, FL 33172

TITLE D  
NAME ELJAU, JACOB  
STREET ADDRESS 10200 NW 25TH STREET, #200  
CITY-ST-ZIP MIAMI, FL 33172

TITLE P  
NAME SUAREZ, RODOLFO J  
STREET ADDRESS 10200 NW 25TH STREET, #200  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #