


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 022 ****70.00

DOCUMENT # N97000006595	
1. Entity Name	
MARTIN FINE VILLAS RESIDENT ASSOCIATION INC.	

Principal Place of Business	Mailing Address
MARTIN FINE VILLAS 1301 NW 7TH ST. #303 MIAMI FL 33125 US	1301 NW 7TH ST. #303 MIAMI FL 33125 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
MARTIN FINE VILLAS Suite, Apt. #, etc. 1301 NW 7TH ST #303	1301 NW 7TH ST Suite, Apt. #, etc. 303

City & State	City & State
MIAMI, FLORIDA	MIAMI, FLORIDA
Zip	Zip
33125	33125
Country	Country
USA	USA



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
65-0787794	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SONIA, SUAREZ 1301 NW 7TH ST. #304 MIAMI FL 33125	Name: SONIA SUAREZ Street Address (P.O. Box Number is Not Acceptable) 1301 NW 7TH ST #304 City: MIAMI, FLORIDA FL Zip Code: 33125

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, SONIA	NAME	
STREET ADDRESS	1301 N.W. 7TH STREET, #304	STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33125	CITY ST ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALIA, DAUSA	NAME	
STREET ADDRESS	1301 NW 7TH ST #214	STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33125	CITY ST ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIO, CASTRILLON	NAME	
STREET ADDRESS	1301 NW 7TH ST #201	STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33125	CITY ST ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEVARA, JUANA M	NAME	
STREET ADDRESS	1301 NW 7TH ST 218	STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33125	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

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: _____

3/3/07 305-642-9206