

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90040 004 \*\*\*\*70.00

<b>DOCUMENT # N98000006844</b> 1. Entity Name NIMA COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 14160 PALMETTO FRONTAGE RD #32 MIAMI LAKES, FL 33016		Mailing Address 14160 PALMETTO FRONTAGE RD #32 MIAMI LAKES, FL 33016	
2. Principal Place of Business - No P.O. Box # <b>7700 W. 24 Ave</b>		3. Mailing Address <b>7700 W. 24 Ave</b>	
Suite, Apt. #, etc. <b>Suite # 7</b>		Suite, Apt. #, etc. <b>Suite # 7</b>	
City & State <b>Hialeah</b>		City & State <b>Hialeah</b>	
Zip <b>FLA</b>	Country	Zip <b>FLA.</b>	Country
4. FEI Number <b>65-0890475</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RINEHART, WAYNE</b> <b>14160 PALMETTO FRONTAGE RD #32</b> <b>MIAMI LAKES, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>Jose A. Guzman</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 W. 24 Ave</b> <b>Hialeah</b> City <b>FL</b> Zip Code <b>33016</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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		<b>Jose A. Guzman, New Registered Agent January, 2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
<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</b> May Be Added to Fees	
<b>Make check payable to 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	<b>D</b> <b>CAPARROS, MARTY JR</b> <b>14160 PALMETTO FRONTAGE RD #21</b> <b>MIAMI LAKES, FL 33016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P</b> <b>Jose A. Guzman</b> <b>7700 W. 24 Ave, Suite # 7</b> <b>Hialeah, FLA. 33016</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RINEHART, WAYNE</b> <b>14160 PALMETTO FRONTAGE RD #32</b> <b>MIAMI LAKES, FL 33016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/S</b> <b>Julie Suarez</b> <b>7700 W. 24 Ave # 18</b> <b>Hialeah, FLA. 33016</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/T</b> <b>MAGALY RODRIGUEZ</b> <b>7700 W. 24 Ave, Suite # 17</b> <b>Hialeah, FLA. 33016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>January, 2007</b> (305) 558-3425 Date Daytime Phone #	