


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90075 032 ****61.25

DOCUMENT # N99000000364

1. Entity Name
PALMETTO INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7854 NW 62 ST.
 MIAMI, FL 33166**

Mailing Address
**7854 NW 62 ST.
 MIAMI, FL 33166**

40009130



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0940246

Applied For
 Not Applicable

Zip _____ Country _____

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

6. Name and Address of Current Registered Agent

BLEZIO, JUAN
7854 N.W. 62 STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 type="checkbox"/> Delete
NAME	BLEZIO, JUAN	
STREET ADDRESS	7862 N.W. 62 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SOTO, AL	
STREET ADDRESS	7868 N.W. 62 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVAS, TONY	
STREET ADDRESS	7860 N.W. 62 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVERA, BETTY	
STREET ADDRESS	7850 N.W. 62 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **1/31/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #