

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0940246**

Applied For  
Not Applicable

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**

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BLEZIO, JUAN  
STREET ADDRESS 7862 N.W. 62 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE DV  
NAME SOTO, AL  
STREET ADDRESS 7868 N.W. 62 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE TD  
NAME RIVAS, TONY  
STREET ADDRESS 7860 N.W. 62 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD  
NAME RIVERA, BETTY  
STREET ADDRESS 7850 N.W. 62 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000954313  
07/11/08-80007-024 61.25

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IN THIS SPACE**

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

7/8/08 (208) 592.3590  
Date Daytime Phone #