2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# N99000001700

Entity Name: PARK WEST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7785 NW 146 ST
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7785 NW 146 ST
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0934881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENES, JOEL
7785 NW 146 ST
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENES, JOEL
Address: 7785 NW 146 ST
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD ( ) Delete
Name: ROBERTS, HEATHER
Address: 16780 SW 78 AVE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: DINER, MANUEL
Address: 7735 NW 146 ST., SUITE 300
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD ( ) Delete
Name: NICHOLS, GREGORY A
Address: 7791 NW 146 ST
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: DINER, MANUEL
Address: 7735 NW 146 ST
City-St-Zip: MIAMI LAKES, FL 33016

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL BENES D 02/28/2006

Electronic Signature of Signing Officer or Director — Date