


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002959</b> 1. Entity Name <b>RED ROAD BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5733 NW 151 ST. MIAMI LAKES, FL 33014</b>	Mailing Address <b>P.O. BOX 830273 MIAMI, FL 33283-0273</b>
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03212008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3637399</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>YI, RICHARD 5765 NW 151 STREET MIAMI LAKES, FL 33014</b>
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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04/18/06-80060-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YI, RICHARD 5765 NW 151 STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, ERNESTO JR. 5733 NW 151 STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPO, HECTOR 5757 NW 151 STREET MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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

**3-31-06 (30) 818-0557**  
Date Daytime Phone #