

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004020

**FILED**  
**Jul 02, 2004**  
**Secretary of State****Entity Name:** FAIR PRICE WAREHOUSES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**195 SW 166 AVE  
PEMBROKE PINES, FL 33027**New Principal Place of Business:**7545 WEST24 AVENUE  
SUITE 100  
HIALEAH, FL 33016**Current Mailing Address:**195 SW 166 AVE  
PEMBROKE PINES, FL 33027**New Mailing Address:**7545 WEST 24 AVENUE  
SUITE100  
HIALEAH, FL 33016**FEI Number:** 55-0794576**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARTINEZ, CARLOS  
195 SW 166 AVE  
PEMBROKE PINES, FL 33027 US**Name and Address of New Registered Agent:**VIVO, EVELYN  
16800 WEST 24 AVENUE  
SUITE 100  
HIALEAH, FL 33016 US

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: EVELYN VIVO

07/02/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VIVO, EVELYN  
Address: 195 SW 166 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VSD ( ) Delete  
Name: VIVO, RENE  
Address: 195 SW 166 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD ( ) Delete  
Name: MOLINA, ALBERT  
Address: 195 SW 166 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VIVO, EVELYN  
Address: 7545 WEST 24 AVENUE - STE. 100  
City-St-Zip: HIALEAH, FL 33016

Title: VSD (X) Change ( ) Addition  
Name: VIVO, RENE  
Address: 7545 WEST 24 AVENUE  
City-St-Zip: HIALEAH, FL 33016

Title: TD (X) Change ( ) Addition  
Name: MOLINA, ALBERT  
Address: 7545 WEST 24 AVENUE  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EVELYN VIVO

PD

07/02/2004

Electronic Signature of Signing Officer or Director

Date