


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N99000004286</b>	
1. Entity Name <b>FLIGHTWAY CORPORATE PARK CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134</b>	Mailing Address <b>C/O HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134</b>
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04272007 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>65-0981407</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CEBALLOS, HAYDEE CPA 354 SEVILLA AVENUE CORAL GABLES, FL 33134</b>	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000760938 05/25/07-80034-025 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DE MELO PIMENTA, JOSUE 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS CEBALLOS, HAYDEE CPA 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANCISCO, VALTER JOSE 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134</b>
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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:** Haydee Ceballos **HAYDEE CEBALLOS** **4/30/07** **305-448-5255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PS** Date Daytime Phone #