


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 08:00 A
Secretary of State

DOCUMENT # N99000006931 1. Entity Name EQUES PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 407 E 30 STREET APT 103 HIALEAH, FL 33013	Mailing Address 407 E 30 STREET APT 103 HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1000479	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMIGO, FAUSTINO
407 E 30 STREET
APT 103
HIALEAH, FL 33013

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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000764275 05/30/07-80054-005 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTANA, FRANCISCA 407 E. 30 STREET APT. 203 HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMIGO, FAUSTINO 407 E 30 STREET APT 103 HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PADRON, EUSEBIO 407 E. 30 ST. APT. 203 HIALEAH, FL 33013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  **0430-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #