

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000017734

1. Entity Name
PROFESSIONAL MANAGEMENT FOR CONDOMINIUM
ASSOCIATIONS, INC.



Principal Place of Business
9095 SW 87TH AVENUE STE. 777
MIAMI, FL 33176

Mailing Address
9095 SW 87TH AVENUE STE. 777
MIAMI, FL 33176

**FILED
Mar 15, 2007 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0586988	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, SYRIE
9095 SW 87TH AVENUE STE. 777
MIAMI, FL 33176

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ORTIZ, SYRIE 9095 SW 87TH AVENUE STE. 777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, YOLANDA 9095 SW 87 AVE., STE. 777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80008-010 150.00

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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 607, 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:

Yolanda Lopez Yolanda Lopez 3/8/07 305-270-0870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #