

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707557

FILED
Apr 30, 2008
Secretary of State

Entity Name: NONNIE SUE INC., A CONDOMINIUM

Current Principal Place of Business:

543 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

300 71 STREET
#405
MIAMI BEACH, FL 33141

New Mailing Address:

P.O. BOX 190901
MIAMI BEACH, FL 33119

FEI Number: 59-6169446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCE, PEDRO
300 71 STREET
#405
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

ARCE, PEDRO
C/O LE SOLEIL MGMT, LLC
66 W. FLAGLER ST 1002
MIAMI, FL 33131 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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARCE, PEDRO
Address: 300 71 STREET #405
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: GOMEZ, AMERICA
Address: 300 71 STREET #405
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD (X) Delete
Name: VERDASCO, LAZARO
Address: 300 71 STREET #405
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARCE, PEDRO
Address: P.O. BOX 190901
City-St-Zip: MIAMI BEACH, FL 33119

Title: SD (X) Change () Addition
Name: GOMEZ, AMERICA
Address: P.O. BOX 190901
City-St-Zip: MIAMI BEACH, FL 33119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PEDRO ARCE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date