

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707557

FILED  
Jun 15, 2009  
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:**

P.O. BOX 190901  
MIAMI BEACH, FL 33119

**New Mailing Address:**

P.O. BOX 352466  
MIAMI, FL 33135

FEI Number: 59-6169446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ARCE, PEDRO  
C/O LE SOLEIL MGMT, LLC  
1850 SW 8 STREET #208D  
MIAMI, FL 33135 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: PEDRO ARCE

Electronic Signature of Registered Agent

06/15/2009

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: PD (X) Change ( ) Addition  
Name: ARCE, PEDRO  
Address: P.O. BOX 352466  
City-St-Zip: MIAMI, FL 33135

Title: SD (X) Change ( ) Addition  
Name: GOMEZ, AMERICA  
Address: P.O. BOX 352466  
City-St-Zip: MIAMI, FL 33135

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

Electronic Signature of Signing Officer or Director

P

06/15/2009

Date