


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 711561 1. Entity Name 626 CONDOMINIUM INCORPORATED	
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Principal Place of Business 626 MERIDIAN AVENUE MIAMI BEACH FL	Mailing Address CAM MANAGEMENT SERVICES PO BOX 5103 HIALEAH FL 33014-1103
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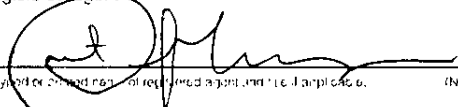


2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State
City & State	City & State	4. FEI Number 59-2040322
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent GONZALEZ, ANITA CAM MANAGEMENT SERVICE CORP 6175 NW 167 ST UNIT G1 HIALEAH FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  _____ DATE _____

Signature, typed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature is not used with re-statements)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input type="checkbox"/> Delete MOLINA, RUBEN PO BOX 1437 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000830892 02/26/08-80100-022 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TSD <input type="checkbox"/> Delete MOLINA, ONEYDA PO BOX 1437 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete DACOMÒ, RODÓLFO 626 MERIDIAN AVENUE MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Oneida Molina** 2-14-08 (305) 826-9191