
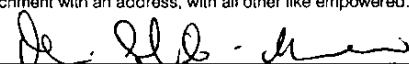


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90041 050 ****61.25

DOCUMENT # 717062					
1. Entity Name THREE HORIZONS, EAST, CONDOMINIUM, INC.					
Principal Place of Business 12500 N.E. 15 AVENUE N. MIAMI, FL 33161 US			Mailing Address 2200 NW 102 AVE # 5 DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESPINOZA, HUGO 2200 NW 102 AVE # 5 DORAL, FL 33172				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALGADO-MARRERO, OLIN			NAME	Joe Tomason
STREET ADDRESS	12500 NE 15 AVE #315			STREET ADDRESS	12500 NW 15 Ave. #503
CITY-ST-ZIP	N. MIAMI, FL 33161			CITY-ST-ZIP	N Miami F. 33161
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	ADAM WOSNESKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEMAN, OSCAR			NAME	Secretary
STREET ADDRESS	12500 N.E. 15 AVENUE, #516			STREET ADDRESS	12500 NE 15 Ave #511
CITY-ST-ZIP	N. MIAMI, FL 33161			CITY-ST-ZIP	N Miami 71 33161
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	ALEMAN, RAFAEL			NAME	
STREET ADDRESS	12500 N.E. 15 AVENUE, #301			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33161			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	CASAL, TOMAS			NAME	
STREET ADDRESS	12500 NE 15 AVE, # 505			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33161			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	EUSEPI, TITO			NAME	
STREET ADDRESS	12500 NE 15 AVE # 512			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33161			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Date: 3/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	