

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2008
Secretary of State**

DOCUMENT# 717062

Entity Name: THREE HORIZONS, EAST, CONDOMINIUM, INC.

Current Principal Place of Business:

12500 N.E. 15 AVENUE
N. MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

6625 MIAMI LAKES DR.
SUITE 233
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-1438436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, JOSE
6625 MIAMI LAKES
SUITE 233
MIAMI LAKES, FL 33017 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, IDA
Address: 6625 MIAMI LAKES DR. # 233
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: T () Delete
Name: FLORES, ANA
Address: 6625 MIAMI LAKES DR. #233
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S () Delete
Name: LATTA, MIKE
Address: 6625 MIAMI LAKES DR. #233
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VP () Delete
Name: SCHREIBER, ALAN
Address: 6625 MIAMI LAKES DR. #233
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: D () Delete
Name: WOSNESKI, ADAM
Address: 6625 MIAMI LAKES DR. #233
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: D () Delete
Name: BESINOFF, RICK
Address: 6625 MIAMI LAKES DR.#233
City-St-Zip: MIAMI LAKES, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: GOWKARRAN, SATIA
Address: 6625 MIAMI LAKES DR.#233
City-St-Zip: MIAMI LAKES, FL 33014 US

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: IDA BELL

P

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date