
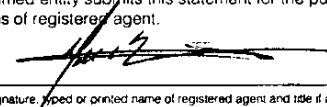
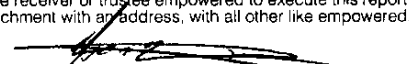


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 048 ****61.25

DOCUMENT # 725906					
1. Entity Name EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2300 SW 3RD AVE MIAMI, FL 33129		Mailing Address C/O TPS MANAGEMENT P. O. BOX 661554 MIAMI SPRINGS, FL 33266			
2. Principal Place of Business - No P.O. Box # 790 West 20th Street		3. Mailing Address 790 West 20th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah, Florida		City & State Hialeah, Florida		4. FEI Number 65-0343593	
Applied For Not Applicable					
Zip 33010	Country USA	Zip 33010	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent S.K.R.L.D. 201 ALAHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name: Four Points Property Management Inc. Street Address (P.O. Box Number is Not Acceptable) 790 West 20th Street City: Hialeah FL Zip Code 33010		
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 2/6/08	
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIMA, AMABILIA 14804 SW LANE MIAMI, FL 33184	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Karlisa Callwood 790 West 20th Street Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELMONTE, ANA 2300 SW 3RD AVE APT 15 MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ana Belmonte 790 West 20th Street Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORVERTO, CABRERA 2201 S OCEAN DR #2401 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Amabilia Lima 790 West 20th Street Hialeah, FL 33010	<input checked="" 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 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 2/6/08	
				Daytime Phone #	

40000161



01142008 Chg-NP CR2E037 (12/06)