


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90018 025 ****61.25

DOCUMENT # 727158
 1. Entity Name
 THE SOVEREIGNS CONDOMINIUM, INC.



Principal Place of Business
 6851 SW 147 AVE
 MIAMI, FL 33193

Mailing Address
 6851 SW 147 AVE
 MIAMI, FL 33193

40042726



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-1514081

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PARISER, BRIAN W ESQ
 9130 S DADELAND BLVD
 SUITE 1511
 MIAMI, FL 33156

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRASCO, MARIA (1) <input type="checkbox"/> Delete 6911 SW 147 AVE #4-C MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTCHINGS, JULIA <input checked="" type="checkbox"/> Delete 6841 SW 147 AVE #3-E MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RINCON, ELSIE <input checked="" type="checkbox"/> Delete 6821 SW 147 AVE #2-H MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLASSMAN, RUTH (4) <input type="checkbox"/> Delete 6831 SW 147TH AVE, #2G MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINER, NORMA <input checked="" type="checkbox"/> Delete 6901 SW 147 AVE., APT 2D MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSTEIN, LILLIAN (6) <input type="checkbox"/> Delete 6821 SW 147 AVE #1-F MIAMI, FL 33193

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP (2) <input type="checkbox"/> Change <input type="checkbox"/> Addition George Bellovin
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (3) <input type="checkbox"/> Change <input type="checkbox"/> Addition Niurka Muiños
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (5) <input type="checkbox"/> Change <input type="checkbox"/> Addition Norma Espinet
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (7) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lizandro Mantilla

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: Maria Carrasco, President 3/9/07 305-382-1063
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #