

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 16, 2007
Secretary of State**

DOCUMENT# 727158

Entity Name: THE SOVEREIGNS CONDOMINIUM, INC.

Current Principal Place of Business:6851 SW 147 AVE
MIAMI, FL 33193**New Principal Place of Business:****Current Mailing Address:**6851 SW 147 AVE
MIAMI, FL 33193**New Mailing Address:**

FEI Number: 59-1514081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:PARISER, BRIAN W ESQ
9130 S DADELAND BLVD
SUITE 1511
MIAMI, FL 33156 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: CARRASCO, MARIA
Address: 6911 SW 147 AVE #4-C
City-St-Zip: MIAMI, FL 33193Title: VP () Delete
Name: BELLOVIN, GEORGE
Address: 6841 SW 147 AVE #3-E
City-St-Zip: MIAMI, FL 33193Title: T () Delete
Name: MUIÑOS, NIURKA
Address: 6821 SW 147 AVE #2-H
City-St-Zip: MIAMI, FL 33193Title: S () Delete
Name: GLASSMAN, RUTH
Address: 6831 SW 147TH AVE, #2G
City-St-Zip: MIAMI, FLTitle: D () Delete
Name: ESPINET, NORMA
Address: 6901 SW 147 AVE., APT 2D
City-St-Zip: MIAMI, FL 33193Title: D () Delete
Name: MANTILLA, LIZANDRO
Address: 6821 SW 147 AVE #1-F
City-St-Zip: MIAMI, FL 33193**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: ESPINET, NORMA
Address: 6901 SW 147 AVE #2D
City-St-Zip: MIAMI, FL 33193Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: MUIÑOS, NIURKA
Address: 6821 SW 147 AVE #2H
City-St-Zip: MIAMI, FL 33193Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA CARRASCO

P

08/16/2007

Electronic Signature of Signing Officer or Director_____
Date