2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 27, 2007 **DOCUMENT# 730471** Secretary of State

Entity Name: LA BAHIA \THE BAY\ CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

1111 N.W. 19TH AVENUE MIAMI, FL 33125 US

Current Mailing Address: New Mailing Address:

7700 NORTH KENDALL SUITE PH-2 MIAMI, FL 33156

FEI Number: 65-0203833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CADICORP MANAGEMENT GROUP 7700 NORTH KENDALL DR SUITE PH-2 MIAMI, FL 33156 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MARRERO, ROMAN MORALES, CARIDAD Name: Name: 1111 NW 19TH AVE., # 302 Address: 1111 NW 19TH AVE. Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125

Title: PD Title: VPD (X) Change () Addition () Delete OROPEZA, PEDRO Name: ANTIGA, LUIS Name: Address:

1111 NW 19TH AVE Address: 1111 NW 19TH AVE City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125

Title: () Delete Title: (X) Change () Addition MORALES, CARIDAD MARTINEZ, IDA Name: Name:

1111 NW 19 AVE., #105 Address: Address: 1111 NW 19 AVE. City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125

Title: VΡ () Delete Title: SD (X) Change () Addition

MARTINEZ, IDA P Name: Name: MORRERO, RAMON 1111 NW 19TH AVENUE Address: Address: 1111 NW 19TH AVENUE City-St-Zip: MIAMI, FL 33125 US City-St-Zip: MIAMI, FL 33125 US

Title: (X) Delete Title: () Change () Addition

ANTIA, LUIS Name: Name: 1111 NW 19TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33125 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: IDA MARTINEZ TD 11/27/2007