

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 14 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734939 1. Entity Name LAGUNA CLUB EAST CONDOMINIUM, INC.	
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Principal Place of Business 320 N.W. 107TH AVENUE MIAMI, FL 33172	Mailing Address C/O UNLIMITED MGMT P.O. BOX 440067 MIAMI, FL 33144 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08302007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1647141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNLIMITED PROPERTY MANAGEMENT 7655 NW 50 STREET MIAMI, FL 33166	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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LUIS, SEGOVIA 7655 NW 50 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500109713025 09/20/07 01048 021 007/25 Montano, Edwin VP 7655 NW 50st Miami FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTALVO, EDWIN 7655 NW 50 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fernando, Valero D 7655 NW 50st Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROU, MIGUEL 7655 NW 50 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eugenio Alvarez De la Campa 7655 NW 50st Miami FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHONG, GLADYS 7655 NW 50 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MOLTALVO, PEDRO 7655 NW 50 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FERNANDO, VALERO 7655 NW 50 STREET MIAMI, FL 33166	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: _____ DATE: 8/30/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR