


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90013 036 \*\*\*\*61.25

<b>DOCUMENT # 737518</b>			
1. Entity Name <b>MARBELLA TOWER OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 200 178TH DR OFFICE SUNNY ISLES BEACH FL 33160 US		Mailing Address 200 178TH DR OFFICE SUNNY ISLES BEACH FL 33160 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARBELLA TOWER TOWER OWNERS ASSOC INC 200 178TH DR OFFICE SUNNY ISLES BEACH FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required with reinstating)</small> DATE _____			



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2239890** Applied For Not Applicable

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTONE, FRANK		NAME	RICARDO BRAVO	
STREET ADDRESS	200-178TH DRIVE #505		STREET ADDRESS	200-178TH DRIVE # 302	
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINSON, RICARDO		NAME	LOLA TESHOBEOVA	
STREET ADDRESS	200 178TH DR 312		STREET ADDRESS	200-178TH DRIVE, # 502	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JAIRO		NAME		
STREET ADDRESS	200-178TH DRIVE #401		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP		
TITLE	BD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, ELIZABETH		NAME		
STREET ADDRESS	200-178TH DR #307		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, EDGAR		NAME		
STREET ADDRESS	200-178 DRIVE #707		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITRAPANI, MARY		NAME		
STREET ADDRESS	200 178TH DR 602		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M. Ditrapani - Mary Ditrapani 2/12/08 (305) 932 9601