
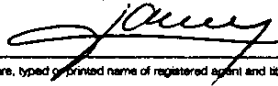



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90006 047 \*\*\*\*61.25

<b>DOCUMENT # 745160</b>			
1. Entity Name <b>PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>17001 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160 US</b>		Mailing Address <b>17001 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160 US</b>	
2. Principal Place of Business - No P.O. Box # <b>17001 North Bay Rd.</b>		3. Mailing Address <b>17001 North Bay Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sunny Isles Beach FL</b>		City & State <b>Sunny Isles Beach FL</b>	
Zip <b>33160</b>	Country <b>U.S</b>	Zip <b>33160</b>	Country <b>U.S</b>
4. FEI Number <b>59-2071184</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROTUNDO, EDUARDO 17001 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160</b>		Name <b>Hugo Espinoza</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>17001 North Bay Road</b>	
		City <b>Sunny Isles Beach FL</b>	Zip Code <b>33160</b>
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: <b>4/21/08</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, LUIS 16909 NORTH BAY RD SUITE 516 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Diana Madrid <input type="checkbox"/> Change <input type="checkbox"/> Addition 16909 North Bay Rd # 321 Sunny Isles Beach FL, 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAVEZ, JOSEPH <input checked="" type="checkbox"/> Delete 16909 NORTH BAY RD SUITE 108 N MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN Duque <input type="checkbox"/> Change <input type="checkbox"/> Addition 16909 North Bay Rd # 507 Sunny Isles Beach FL, 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, MARIA L <input checked="" type="checkbox"/> Delete 16909 N BAY RD., #511 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jennifer Vizcarra <input type="checkbox"/> Change <input type="checkbox"/> Addition 16909 North Bay Rd # 115 Sunny Isles Beach FL, 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DUQUK, JOHN <input checked="" type="checkbox"/> Delete 16909 NORTH BAY RD SUITE 507 SUNNY ISLES, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Alba Garcia <input type="checkbox"/> Change <input type="checkbox"/> Addition 16909 North Bay Rd # 801 Sunny Isles Beach FL, 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Juis Navarro <input type="checkbox"/> Change <input type="checkbox"/> Addition 16909 North Bay Rd # 516 Sunny Isles Beach FL, 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 information.			
SIGNATURE: 		DATE: <b>4/21/08</b> (305) 944-9126	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04212008 Chg-NP CR2E037 (12/06)