


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90043 030 ****70.00

DOCUMENT # 754605 1. Entity Name ABBOTT GARDENS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8101 BYRON AVE MIAMI FL 33141		Mailing Address 8101 BYRON AVE MIAMI BEACH FL 33141	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2369502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent ASSAEL, ISIDORO 8101 BYRON AVE STE #207 MIAMI FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** 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	TD ROGELIO, RODRIGUEZ <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	8101 BYRON AVE #514	NAME	
STREET ADDRESS	MIAMI BEACH FL 33141	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD NEREIDA, MENDEZ <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	8101 BYRON AVE #512	NAME	
STREET ADDRESS	MIAMI BEACH FL 33141	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD LOPEZ, JESUS <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	8101 BYRON AVE # 407	NAME	<i>MOSS, APRIL</i>
STREET ADDRESS	MIAMI BEACH FL 33141	STREET ADDRESS	<i>8101 Byron Ave # 208</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Miami Beach, FL 33141</i>
TITLE	PD ASSAEL, ISIDORO <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	8101 BYRON AVE 207	NAME	
STREET ADDRESS	MIAMI BEACH FL 33141	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LOPEZ, REINALDO <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	8101 BYRON AVE #406	NAME	<i>VD LOPEZ, REINALDO</i>
STREET ADDRESS	MIAMI BEACH FL 33141	STREET ADDRESS	<i>8101 Byron Ave # 406</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Miami Beach, FL 33141</i>
TITLE	D GARROTE, MANUEL <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	8101 BYRON AVE, # 507	NAME	
STREET ADDRESS	MIAMI BEACH FL 33141	STREET ADDRESS	
CITY-ST-ZIP		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:  2/1/07 305 866 1594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #