
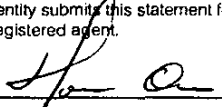
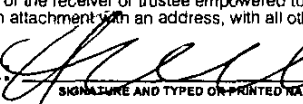


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 DEC -6 PM 12:36

<b>DOCUMENT # N01000002724</b> 1. Entity Name WESTEND @ 25TH CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2600 NW 87TH AVENUE SUITE 32 MIAMI, FL 33172		Mailing Address 2600 NW 87TH AVENUE SUITE 32 MIAMI, FL 33172
2. Principal Place of Business - No P.O. Box # 8726 NW 26 ST.	3. Mailing Address PO BOX 161077	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State DORAL FLORIDA		City & State HIALEAH FL.
Zip 33178		Zip 33016
Country		Country
6. Name and Address of Current Registered Agent  JARAMILLO, FERNAN 2600 NW 87TH AVENUE SUITE 32 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name <b>ADVANK PROPERTY MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>8020 WEST 23 AVE. Bay # 2</b> City <b>HIALEAH</b> FL Zip Code <b>33016</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 		<b>LLOELINE QUESADA</b> 11-30-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME JARAMILLO, FERNAN <input checked="" type="checkbox"/> Delete STREET ADDRESS 2600 NW 87TH AVENUE SUITE 32 CITY-ST-ZIP MIAMI, FL 33172	TITLE PD NAME RIVAS - ANDRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8726 NW 26 ST # 4 CITY-ST-ZIP DORAL FL 33178	
TITLE VD NAME FERNANDEZ, SILVIA J <input checked="" type="checkbox"/> Delete STREET ADDRESS 2600 NW 87TH AVENUE SUITE 32 CITY-ST-ZIP MIAMI, FL 33172	TITLE VPO NAME DE VARONA - CARLOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8726 NW 26 ST. # 11 CITY-ST-ZIP DORAL FL 33178	
TITLE TD NAME JARAMILLO, HELENA <input checked="" type="checkbox"/> Delete STREET ADDRESS 2600 NW 87TH AVENUE SUITE 32 CITY-ST-ZIP MIAMI, FL 33172	TITLE TSD NAME FERNANDEZ - RAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8726 NW 26 ST # 4 CITY-ST-ZIP DORAL FL 33178	
TITLE SD NAME VILLARREAL, ANA J <input checked="" type="checkbox"/> Delete STREET ADDRESS 2600 NW 87TH AVENUE SUITE 32 CITY-ST-ZIP MIAMI, FL 33172	TITLE D. NAME SANTIBANEZ - ANGEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8726 NW 26 ST. # 22 CITY-ST-ZIP DORAL FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE D. NAME VANEZAS - CARLOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8726 NW 26 ST # 12 CITY-ST-ZIP DORAL FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 		11-30-07 (305) 819-2505 <small>Date Daytime Phone #</small>