


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

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005853**

1. Entity Name  
**ALHAMBRA GARDENS CONDOMINIUM OF MIAMI, CORP.**



Principal Place of Business 2401 SW 10TH ST. MIAMI, FL 33135	Mailing Address 2401 SW 10TH ST. MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0081510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

OCHOA, MABEL R  
 2401 SW 10TH ST.  
 MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

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

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

02/19/08-90025-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCHOA, MABEL R 2401 SW 10TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURAN, MARIO R 2401 SW 10TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, MARIA A 2401 SW 10TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OCHOA, ELIZABETH S 2401 SW 10TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Elizabeth Ochoa-TF **ELIZABETH OCHOA-TF** 2/6/08 305-773-8795

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