

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

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03661
 1. Entity Name
EL POLO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
401 SW 109 AVNEUE MIAMI FL 33174 US **3505 S OCEAN DRIVE # 3-B HOLLYWOOD FL 33019 US**

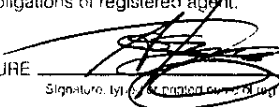


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number **59-2797083** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ESTEVEZ, AIDA
3505 SOUTH OCEAN DRIVE
SUITE 31
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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  DATE **4/21/08**
Signature: Title of Registered Agent of Registered Agent and Title of Representative (NOTE: Registered Agent signature is required when requesting)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	3505 SOUTH OCEAN DRIVE STE 3A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	LADNER, ANALIA	
STREET ADDRESS	3505 SOUTH OCEAN DRIVE STE 3A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ESTEVEZ, ULISES	
STREET ADDRESS	3505 SOUTH OCEAN DRIVE STE 3A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **4/21/08 954-927-8911**