


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

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| DOCUMENT # N04000010108 1. Entity Name CONDOMINIUM ASSOCIATION FOR THE CITADEL, INC. |  |
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| Principal Place of Business 7655 N.W. 50 STREET MIAMI, FL 33166 | Mailing Address 7655 N.W. 50 STREET MIAMI, FL 33166 |
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02182008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 56-2487602 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HYMAN, SPECTOR & MARS, PA 150 WEST FLAGLER STREET SUITE 2701 MIAMI, FL 33130 | DO NOT WRITE IN THIS SPACE |
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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 resigning) DATE _____

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| Filing Fee is \$81.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000851740 03/25/08-80052-019 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MESTRE, JUAN FERNANDO 7655 N.W. 50 STREET MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DOMINGUEZ, EDUARDO L JR 7655 N.W. 50 STREET MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ECORO, SARA 7655 N.W. 50 STREET MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Eduardo Dominguez 3/26/08 (305) 5539731

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