

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005203

FILED
May 02, 2007
Secretary of State

Entity Name: ISLAS CANARIAS, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7374 SW 93 AVE #201
MIAMI, FL 33173

New Principal Place of Business:

1940 SW 4 ST
MIAMI, FL 33135

Current Mailing Address:

PO BOX 832916
MIAMI, FL 33283

New Mailing Address:

FEI Number: 71-0986282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUAREZ, CRISTINA
11352 SW 133 PL
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

SUAREZ, CRISTINA
2940 SW 107TH COURT
MIAMI, FL 33165 US

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.

SIGNATURE: CRISTINA M SUAREZ

05/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUAREZ, LAZARO
Address: 11352 SW 133 PL
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: DELGADO, SANDRA
Address: 1940 SW 45 #7
City-St-Zip: MIAMI, FL 33135

Title: TSD () Delete
Name: SUAREZ, CRISTINA M
Address: 11352 SW 133 PL
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUAREZ, LAZARO
Address: 2940 SW 107 COURT
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO SUAREZ

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date