2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90118 045 ****61.25

DOCUMENT # N06000006376

1. Entity Name
VILLA CATALINA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1305 W 53 STREET
HIALEAH, FL 33012

Mailing Address
~~7800 NW 155TH STREET~~
~~#205~~
~~MIAMI LAKES, FL 33016~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
400 SW 107 Avenue, #312

Suite, Apt. #, etc.

Suite, Apt. #, etc.
312

City & State

City & State
Miami, FL 33174

Zip | Country | Zip | Country

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0589726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ELIANGER PROVAL ASSOCIATES~~
~~ATTN: DEXIS SINGER ESQUIRE~~
~~4080 NW 155 STREET~~
~~MIAMI LAKES, FL 33014~~

7. Name and Address of New Registered Agent

Name
P & M Management Services, Inc

Street Address (P.O. Box Number is Not Acceptable)

400 SW 107 Avenue, Suite 312

City: Miami | FL | Zip Code: 33174

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 [signature] 4/15/2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	☐ Delete
NAME	PADILLA, ILEANA	
STREET ADDRESS	1305 W 53 STREET 101	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	PD	☐ Delete
NAME	GARCIA, ARIEL R	
STREET ADDRESS	1305 W 53 STREET 104	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	STD	☐ Delete
NAME	ROJAS, JOSE	
STREET ADDRESS	1305 W 53 STREET 414	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 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: [signature] Iliana Padilla Vice-President 4/9/2008 (305) 220-5684

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