


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90018 027 \*\*\*\*\*70.00

<b>DOCUMENT # N06000007748</b> 1. Entity Name <b>WELLINGTON BREEZES CONDOMINIUM ASSOCIATION INC.</b>	
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Principal Place of Business <b>5845 S.W. 2ND TERR MIAMI FL 33144</b>	Mailing Address <b>5845 S.W. 2ND TERR MIAMI FL 33144</b>
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2. Principal Place of Business - No P.O. Box # <b>6538 Collins Ave</b>	3. Mailing Address <b>6538 Collins Ave</b>
Suite, Apt. #, etc. <b>#187</b>	Suite, Apt. #, etc. <b>#187</b>

City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>
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Zip <b>33141</b>	Country <b>USA</b>	Zip <b>33141</b>	Country <b>USA</b>
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1st MOORE      CR2E037 (10/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**FERNANDEZ VALLE, MARIA ESQ.  
3750 N.W. 87TH AVENUE  
SUITE 100  
DORAL FL 33178**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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: VAZQUEZ, OSMARA STREET ADDRESS: 5845 S.W. 2ND TERR CITY- ST- ZIP: MIAMI FL 33144
TITLE	SD <input type="checkbox"/> Delete NAME: CARRODEQUAS, MARTA STREET ADDRESS: 5845 S.W. 2ND TERR CITY- ST- ZIP: MIAMI FL 33144
TITLE	TD <input type="checkbox"/> Delete NAME: VAZQUEZ, MICHAEL STREET ADDRESS: 5845 S.W. 2ND TERR CITY- ST- ZIP: MIAMI FL 33144
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: <b>6538 Collins Ave #187</b> CITY- ST- ZIP: <b>Miami Beach, FL 33144</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: <b>6538 Collins Ave #187</b> CITY- ST- ZIP: <b>Miami Beach, FL 33144</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: <b>6538 Collins Ave #187</b> CITY- ST- ZIP: <b>Miami Beach, FL 33144</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vicente Carrodeguas      Date: 3/01/07      Telephone #: (305) 323-2342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR