

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 03, 2007**  
**Secretary of State**

DOCUMENT# N06000011249

**Entity Name:** SOLEIL LAKE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**500 NW 114TH AVE.  
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**3525 NW 7TH ST  
SECOND FLR  
MIAMI, FL 33172**New Mailing Address:**2150 WEST 68 ST  
SUITE 205  
HIALEAH, FL 33016**FEI Number:** 20-5875203**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HABER, ROBERT M.  
520 BRICKELL KEY DR., STE. O-305  
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**DELAVALLE, MOISES  
690 NW 114 AVE  
103  
MIAMI, FL 33172 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: /MOISES DELAVALLE/

12/03/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP ( ) Change (X) Addition  
Name: DELAVALLE, MOISES  
Address: 690 NW 114 AVE #103  
City-St-Zip: MIAMI, FL 33172Title: DVP ( ) Change (X) Addition  
Name: BETANCOUR, BRYAN  
Address: 566 NW 114 AVE #202  
City-St-Zip: MIAMI, FL 33172Title: DS ( ) Change (X) Addition  
Name: DIAZ, JANE  
Address: 520 NW 114 AVE # 103  
City-St-Zip: MIAMI, FL 33172Title: DT ( ) Change (X) Addition  
Name: GRANT, SABIHA  
Address: 530 NW 114 AVE #103  
City-St-Zip: MIAMI, FL 33172Title: D ( ) Change (X) Addition  
Name: CHAVARRIA, JAIRO  
Address: 676 NW 114 AVE #102  
City-St-Zip: MIAMI, FL 33172

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: /MOISES DELAVALLE/

PD

12/03/2007

Electronic Signature of Signing Officer or Director

Date