2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

May 26, 2007 DOCUMENT# N15065 Secretary of State

Entity Name: CARMEL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9415 SUNSET DR 4445 WEST 16 AVE SUITE 149 SUITE #308 MIAMI, FL 33173 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

9415 SUNSET DR 4445 WEST 16 AVE SUITE 149 SUITE# 308 MIAMI, FL 33173 HIALEAH, FL 33012

FEI Number: 59-2620154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MELONI, EDOARDO LEDESMA, ZENAIDA 900 S.W. 40TH AVENUE 1323 WEST 51 PL PLANTATION, FL 33317 US US HIALEAH, FL 33012

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: ZENAIDA LEDESMA 05/26/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

(X) Change () Addition () Delete

GARCIA, GLADYS LEDESMA, ZENAIDA Name: Name: 9415 SUNSET DRIVE SUITE 149 Address: 4445 WEST 16 AVE. STE # 308 Address:

HIALEAH, FL 33012 City-St-Zip: MIAMI, FL 33173 City-St-Zip:

(X) Change () Addition Title: Title: () Delete

Name: LOPEZ, ELSA X Name: RAMIREZ, ALEXIS

Address: 9415 SUNSET DRIVE SUITE 149 Address: 4445 WEST 16 AVE. STE # 308 City-St-Zip: MIAMI, FL 33173 City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: SD (X) Change () Addition GARCIA, JOSÉ E Name: CALZADILLA, LUIS Name:

9415 SUNSET DRIVE SUITE 149 4445 WEST 16 AVE. STE # 308 Address: Address:

City-St-Zip: MIAMI, FL 33173 City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: TD () Change (X) Addition Name: Name: ALVAREZ, OSVALDO

4445 WEST 16 AVE. STE # 308 Address: Address:

City-St-Zip: City-St-Zip: HIALEAH, FL 33012

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: ZENAIDA LEDESMA PD 05/26/2007

Electronic Signature of Signing Officer or Director

Date