


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N22520
 1. Entity Name
VARADERO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1250 W. 26 PL. HIALEAH, FL 33010	Mailing Address 1250 W. 26 PL. HIALEAH, FL 33010
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03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2844010	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CORRALES, LUCAS F
 1250 WEST 26 PLACE #203
 HIALEAH, FL 33010

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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 _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORRALES, LUCAS F 1250 W 26 PLACE #203 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPOS, RELMIS 1250 W 26 PLACE #109 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, OFELIA A 1250 WEST 26 PLACE #205 HIALEAH, FL 33010
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 04/04/07-20016-003 70.00

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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: J. Corrales 3-23-07

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