


2007 **NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90091 039 \*\*\*\*61.25

40003936



<b>DOCUMENT # N30434</b>			
1. Entity Name <b>PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>199 SOUTHWEST 12TH AVENUE MIAMI, FL 33130-8056</b>		Mailing Address <b>199 SW 12TH AVENUE #199 MIAMI, FL 33130</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
12212006		Chg-NP	CR2E037 (12/06)
4. FEI Number <b>65-0114982</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RAMOS-FERRER, CESAR 199 SW 12TH AVENUE #513 MIAMI, FL 33130</b>		Name <b>Mendoza, Jose</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>199 SW 12 Avenue</b>	
		<b>#506</b>	
		City <b>Miami</b>	FL Zip Code <b>33130</b>
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 <b>José Mendoza President</b>		DATE <b>1/16/2007</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>2007 Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SOTO, MARIA</b> <b>199 S.W. 12TH AVE., #511</b> <b>MIAMI, FL 33130</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CRUZ, MABEL</b> <b>199 SW 12 AVE #506</b> <b>MIAMI, FL 33130</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BETHENCOURT, HERBERTO</b> <b>199 SW 12 AVE. #COMMERCIAL UNIT</b> <b>MIAMI, FL 33130</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMACHO, DOLORES</b> <b>199 SW 12 AVE., #304</b> <b>MIAMI, FL 33130</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Mendoza, Jose</b> <b>199 SW 12th Ave, # 506</b> <b>Miami, FL 33130</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Angueira, Alex</b> <b>199 SW 12th Ave, # 301</b> <b>Miami, FL 33130</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <b>Mabel Cruz - Mabel Cruz (Treasurer)</b>		DATE <b>12/20/06</b> 305-545-6969	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	