

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

FILED

2007 MAR -8 PM 12: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02222007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N30434</b>					
1. Entity Name PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 199 SOUTHWEST 12TH AVENUE MIAMI, FL 33130-8056		Mailing Address 199 SW 12TH AVENUE #199 MIAMI, FL 33130			
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	4. FEI Number 65-0114982	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MENDOZO, JOSE 199 SW 12TH AVENUE #506 MIAMI, FL 33130				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 <u>Jose Mendoza</u> Jose Mendoza				DATE <u>3/05/07</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOTO, MARIA		NAME		
STREET ADDRESS	199 SW 12TH AVE, #511		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, MABEL		NAME		
STREET ADDRESS	199 SW 12 AVE #506		STREET ADDRESS	700093714627	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	03/19/07--01020--012 **70.00	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETHENCOURT, HERBERTO		NAME		
STREET ADDRESS	199 SW 12 AVE. #COMMERICAL UNIT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMACHO, DOLORES		NAME		
STREET ADDRESS	199 SW 12 AVE., #304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENDOZO, JOSE		NAME	P Mendoza, Jose	
STREET ADDRESS	199 SW 12TH AVE, #506		STREET ADDRESS	199 SW 12th Ave., #506	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGUEIRA, ALEX		NAME		
STREET ADDRESS	199 SW 12TH AVE., #301		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	B 3/12/07	
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: <u>Mabel Cruz</u> - Mabel Cruz (Tesorera)		Date: <u>2/22/07</u>		Daytime Phone #: <u>305-545-6969</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	