

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90030 017 ****70.00



DOCUMENT # N30434
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 #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number: **65-0114982** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MENDOZO, JOSE
199 SW 12TH AVENUE
#506
MIAMI FL 33130**

7. Name and Address of New Registered Agent
Name: **MENDOZA, Jose**
Street Address (P.O. Box Number is Not Acceptable): **199 SW 12th Avenue**
199
City: **Miami** FL Zip Code: **33130**

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: *Jose Mendoza* DATE: **4/15/2008**

Signature, Name and Address of registered agent (if not applicable) (NOTE: Registered Agent signature is required when reappointing)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution: **\$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	ANGUEIRA, ALEX 199 SW 12TH AVE, #301 MIAMI FL 33130	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	CRUZ, MABEL 199 SW 12 AVE #506 MIAMI FL 33130	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	BETHENCOURT, HERBERTO 199 SW 12 AVE. #COMMERICAL UNIT MIAMI FL 33130	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	CAMACHO, DOLORES 199 SW 12 AVE., #304 MIAMI FL 33130	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P	MENDOZA, JOSE 199 SW 12TH AVE, #506 MIAMI FL 33130	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President Mendoza, Jose 199 SW 12th Ave., # 199 Miami, FL 33130
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jose Mendoza* President DATE: **4/15/2008** 786-267-1910