

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 13, 2009
Secretary of State**

DOCUMENT# N99000004541

Entity Name: LAS BRISAS AT DORAL CONDOMINIUM NO. 6 ASSOCIATION, INC.

Current Principal Place of Business:

6425 NW 42 ST.
MIAMI, FL 33166

New Principal Place of Business:

10705 NW 33RD STREET
100
DORAL, FL 33178

Current Mailing Address:

6425 NW 42 ST.
MIAMI, FL 33166

New Mailing Address:

10705 NW 33RD STREET
100
DORAL, FL 33178

FEI Number: 65-0856041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROUGH, CHADROW & LEVINE, PA
1900 N COMMERCE PKWY
FORT LAUDERDALE, FL 33326 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DIAZ, CLAUDIA
Address: 5620 NW 114TH PATH 206
City-St-Zip: MIAMI, FL 33178

Title: P (X) Change () Addition
Name: PENA, JAIME
Address: 5620 NW 114TH PATH 214
City-St-Zip: DORAL, FL 33178

Title: VD () Delete
Name: PENA, JAIME
Address: 5620 NW 114 PATH #214
City-St-Zip: MIAMI, FL 33178

Title: ST (X) Change () Addition
Name: MARVAL, ROSA
Address: 5620 NW 114 PATH #107
City-St-Zip: DORAL, FL 33178

Title: S () Delete
Name: TOLA- DAVILA, JUAN PABLO
Address: 5620 NW 114 PATH 106
City-St-Zip: MIAMI, FL 33178

Title: D (X) Change () Addition
Name: CITRARO, RAUL
Address: 5620 NW 114 PATH 101
City-St-Zip: DORAL, FL 33178

Title: TD (X) Delete
Name: MARVAL, ROSA
Address: 5620 NW 114 PATH 107
City-St-Zip: MIAMI, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Delete
Name: FAHOUS, CHASSAN
Address: 5630 NW 114TH PATH 208
City-St-Zip: MIAMI, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAIME PENA

P

05/13/2009

Electronic Signature of Signing Officer or Director

Date