FILED Jun 10, 2008 8:00 am Secretary of State

2008 NOT-FOR-PROFIT CORPORATION

	ANNUA	. KEFUKI			06-10-2	008 90001	l 003 ****61.2	5
1. Entity Nan VERAND	MENT # N9900000 PA AT DORAL CONDOMINI ATION, INC.				J 401	08098	ļ.	
Principal Place of Business C/O GUARANTEE MANAGEMENT 6925 NW 42ND STREET MIAMI, FL 33166		Mailing Address C/O GUARANTEE MANAGEMENT 6925 NW 42ND STREET MIAMI, FL 33166						1# 0(£)70(6) (£1)
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008 Ch	g-NP	CR2E037 (12/0	06)	
City & State		City & State			4. FEI Number 65-095528	0		Applied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	□ \$8.75	Additional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New I	Registered Agent	
			Na	me				
6925 NW MIAMI, FL		Street Address			(P.O. Box Number is N	ot Acceptabl	le)	
			City	, -			FL Zip	Code
R The above	named entity submits this statement for	or the purpose of changing its	registered offi	no or ropieto	yad agent or both in	the State of El		with and some
	tions of registered agent.	or the purpose of changing its	registered om	ce or registe	ared agent, or both, th	the State of Li	onda. Tam familiar	wiin, апо вссе
ı I								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if anoticable /NOTE	· Registered Assent	eizmet ve recuire	nd when reinstating)		DATE	
	Organization, types of printed reality of registered again	(and allow approaches.	negisiared Agent	angressore reques	(Andrica Salary)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C		ing 🛘	\$5.00 May Be Added to Fees		flake check payat rida Department d	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRECTOR	S IN 10
TITLE	PD	Delete	TITLE	MA	PETHA CHI	942	, VP □ Cha	nge 🗖 Addit
NAME	MUNOZ, CRISTINA		NAME		00 MM 100			,
STREET ADDRESS CITY-ST-ZIP	5200 NW 109 AVE 102 MIAMI, FL 33178		STREET ADDI	10/1	AML FU	2317	8	
TITLE	VP	Delete	TITLE	11011	ATIVIL 7 C	<u> </u>	Cha □	nge 🗌 Addit
NAME	GIRALDO, GLORIA	Detete	NAME	1			L) Olia	uite 🗀 vaan
STREET ADDRESS	5290 NW 109 AVE 105		STREET ADDI	RESS				
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIF					
INLE	{	Delete	TITLE	7			Cha	nge 🔲 Addit
NAME Street Address	1		NAME Street Addi	acee				
CITY-ST-ZIP	Ì		CITY-ST-ZIP	1				
TITLE	 	☐ Delete	TITLE				☐ Cha	nge 🔲 Addit
NAME	}	2 50000	NAME	1			C 5	ngenaen
STREET ADDRESS	1		STREET ADD	1				
CITY-ST-ZIP	 		CITY-ST-ZIP		 			
TITLE	}	☐ Delete	TITLE NAME	}			☐ Cha	nge 🔲 Addit
NAME STREET ADDRESS			NAME STREET ADDI	ess				
			•					
CITY-ST-ZIP	l.		CITY-ST-ZIP	• {				
CITY-ST-ZIP		☐ Defete	CITY-ST-ZIP	`- 			☐ Cha	nge 🗌 Addit
		☐ Defete		<u>- </u>			☐ Cha	nge 🗌 Addit
TITLS NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDI	RESS			☐ Cha	nge 🔀 Addit
TITLS NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDI CITY-ST-ZIP	RESS				
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp , or on an attachment with an address,	n this filing does not qualify for is take and accurate and that sowered to the report	TITLE NAME STREET ADDI CITY-ST-ZIP The exemptic by signature sl as required by	RESS on tainer	d in Chapter 119, Flor same legal effect as i 7, Florida Statutes; an	da Statutes. I made under d that my nam	further certify that t	he information
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	d on this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address,	n this filing does not qualify for is take and accurate and that sowered to the report	TITLE NAME STREET ADDI CITY-ST-ZIP The exemptic by signature sl as required by	RESS on tainer	d in Chapter 119, Flor same legal effect as i 7, Florida Statutes; an	da Statutes. I made under d that my nam	further certify that t	he information