## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 30, 2006 DOCUMENT# N04639 Secretary of State

Entity Name: LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINIUM-NO. 3 ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1300 W. 46TH ST. HIALEAH, FL 33012

US

**Current Mailing Address: New Mailing Address:** 

4445 WEST 16 AVE 2150 WEST 68 ST SUITE 308 SUITE #205

HIALEAH, FL 33012 US HIALEAH, FL 33016 US

FEI Number: 59-2665942 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TORANZO, NORMA 1330 W 46TH ST SUITE 10 HIALEAH, FL 33012 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:

(X) Change ( ) Addition () Delete HERNANDEZ, LAIKEL MARTINEZ, RICARDO Name: Name:

1330 W 46 ST, #16 Address: 1330 W 46 ST, #20 Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete Title: (X) Change ( ) Addition SANCHEZ, ABRAHAM Name: DELGADO-WANCHE, MIRTHA Name: Address: 5945 NW 113 TERR Address: 1320 WEST 46 ST #24 City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: () Change () Addition

TOPANZO, NORMA Name: Name: Address: 1310 W 46 ST. # 10 Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: HERNANDEZ, JUAN 1320 WEST 46 ST # 23 Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: ( ) Change (X) Addition

ROCA, BARBARA Name: Name: 1300 WEST 46 ST #4 Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMA TORANZO TD 11/30/2006