


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

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 726519 1. Entity Name 7125 DICKENS AVENUE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 7125 DICKENS AVE. #1 MIAMI BEACH FL 33141		Mailing Address 7125 DICKENS AVE. #1 MIAMI BEACH FL 33141
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country		City & State Zip Country
		4. FEI Number 65-0120999 Applied For: <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent ARZAC, HUGO E 7125 DICKENS AVE. #1 MIAMI BEACH FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code
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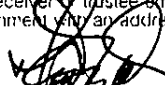
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signatures, type or printed name of registered agent and title (if applicable) (NOTE: Box must be signed by Agent signature required when changing))

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10 OFFICERS AND DIRECTORS		11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ARZAC, HUGO E 7125 DICKENS AVE. #1 MIAMI BEACH FL 33141	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additions U00000911336 05/07/08-80037-006 61.25
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TVP FELDMAN, EVA 7125 DICKENS AVE. #4 MIAMI BEACH FL 33141	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additions
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	ST TROJANO, SARA 7125 DICKENS AVE. #5 MIAMI BEACH FL 33141	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additions
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additions
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additions
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:  **HUGO E. ARZAC** Date: **04/18/08**