FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90216 042 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000003514

1. Entity Name
G.V.P. CONDOMINIUM ASSOCIATION, INC.

40090083

Principal Place of Business	Mailing Address
5455 S.W. 8TH ST. #105 MIAMI, FL 33144	10556 N.W. 26TH STREET #203 MIAMI, FL 33172

04252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5455 S.W. 8 St.	10556 NW 26 St
Suite, Apt. #, etc. #135	Suite, Apt. #, etc. Ste D 203
City & State MIAMI, FL	City & State DORAL, FL
Zip 33144 Country USA.	Zip 33172 Country USA

4. FEI Number
65-0472196
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARROM, ORLANDO 10556 N.W. 26TH STREET #203 MIAMI, FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CABO, ANDRES 5455 SW 8TH SUITE 135 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Orlando Arrom. 10556 NW 26 St. Ste D203 DORAL, FL 33172. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENTACOURT, MIGUEL 5455 SW 8 ST STE 210 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RODRIGUEZ, ORENS 5544 SW 8 ST STE 240 MIAMI, FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 alteration, with all other like empowered.

SIGNATURE: ANDRES CABO President 4/25/08 (305)757-4050
SIGNATURE OF NAME TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #