

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90016 024 ****70.00

DOCUMENT # 711982 1. Entity Name SECOND HORIZONS CONDOMINIUM, INC.					
Principal Place of Business 1540 N.E. 191ST STREET N MIAMI, FL 33179			Mailing Address C/O JUAN E. RODRIGUEZ, ESQ. 6100 BLUE LAGOON DRIVE, NO. 360 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6196220	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN ESQ. 6100 BLUE LAGOON DRIVE SUITE 360 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name <u>Joseph C. Frickette, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>10800 Biscayne Blvd</u> <u>Suite 620</u> City <u>North Miami</u> FL Zip Code <u>33161</u>	
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 <u>4/30/08</u>	
Filing 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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
NAME	ALBERTO, RODRIGUEZ		NAME		
STREET ADDRESS	1540 NE 191 ST #345		STREET ADDRESS		
CITY-ST-ZIP	NM, FL 33179		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
NAME	QUINONES, NELIDA		NAME		
STREET ADDRESS	1540 NE 191 ST #210		STREET ADDRESS		
CITY-ST-ZIP	NM, FL 33179		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
NAME	MAZARELI, CAROLINA		NAME		
STREET ADDRESS	1540 NE 191 ST #244		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE <u>4/30/08</u>	