2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State

1. Entity Nan	MENT # 743536 PARK ASSOCIATION, INC.				05-27-2008	3 90034 01	3 ****7(0.00	
Principal Place of Business 12350 SW 132 COURT STE 114 MIAMI, FL 33186		Mailing Address 12350 SW 132 COURT STE 114 MIAMI, FL 33186							
Principal Place of Business - No P.O. Box # 3. Mailing Address									
7921 BYRON AVENUE		7921 BYRON AVENUE							
Suite, Apt. #, etc. SUITE #305		Suite, Apt. #, etc. SUITE #305			04292008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number			Ap	plied For
MIAMI BEACH, FLORIDA		MIAMI BEACH, FLORIDA		59-2070	402			t Applicable	
Zip 33141	Country ———U.S.A.	Zip 33141	Cour U.S.	•	5. Certificate o	f Status Desired		\$8.75 Add <u>Fee Require</u>	
33717	6. Name and Address of Current F		1		7. Name and A	ddress of New			
				Name	TEDA WITTED				
	R, BROWN, LÉWIS & FRANKEL LYWOOD BLVD		ŀ	SIQUIFRA, WILLER Street Address (P.O. Box Number is Not Acceptable)					
SUITE 265			}	7921	LEYRON AVENU	IE , #305			
HOLLYWO	OOD, FL 33021			NATES	6T 1T-W71				
				City [VILAIV	AVI EALH Zip Code 33141				
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 obligat	tions of registered agent.								
SIGNATURE * /// Server - PRESIDENT 04-30-08									
SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	E: Registered	Agent signature requi	red when reinstating)		DATE		
	Signature, typed or printed name of registered agent as Filling Fee. is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Fi	nancing	\$5.00 May Be Added to Fees		Make check orida Depart		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI	9. Election Can Trust Fund C	npaign Fi	nancing	\$5.00 May Be	Fic	Make check orida Depart	tment of St	tate
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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 address, with all other like empowered.

SIGNATURE:

President

04_30_08

Daytime Phone #