

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003514

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

5455 S.W. 8TH ST.
#135
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

10556 N.W. 26TH STREET
SUITE #D203
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0472196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROM, ORLANDO
10556 N.W. 26TH STREET
#203
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CABO, ANDRES
Address: 5455 SW 8TH SUITE 135
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: BENTACOURT, MIGUEL
Address: 5455 SW 8 ST STE 210
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: ARROM, DELANDO
Address: 10556 NW 26 COURT, SUITE #D203
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABO, ANDRES
Address: 5455 SW 8TH ST SUITE 135
City-St-Zip: MIAMI, FL 33144

Title: D (X) Change () Addition
Name: PARDO, FELIX
Address: 5455 SW 8TH ST STE 205
City-St-Zip: MIAMI, FL 33144

Title: TD (X) Change () Addition
Name: MARINO VELIS, VIDAL
Address: 5455 SW 8TH ST SUITE 220
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify 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: ANDRES CABO

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date