

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 29, 2011**  
**Secretary of State**

DOCUMENT# N05000007186

**Entity Name:** MENORES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**119 MENORES AVE  
#2  
CORAL GABLES, FL 33134**New Principal Place of Business:**1825 PONCE DE LEON BLVD  
# 46  
CORAL GABLES, FL 33134**Current Mailing Address:**PO BOX 144562  
MIAMI, FL 33134**New Mailing Address:**1825 PONCE DE LEON BLVD  
# 46  
CORAL GABLES, FL 33134**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RIBES, ROBERT R D  
119 MENORES AVE  
#2  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**RIBES, ROBERT R D  
1825 PONCE DE LEON  
#46  
CORAL GABLES, FL 33134 US

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: ROBERT RIBES

09/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: RIBES, ROBERT  
Address: 119 MENORES AVE # 2  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: FERNANDEZ, EDUARDO P  
Address: 119 MENORES AVE #2A  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: DELGADO, KAREN V  
Address: 2280 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33145

I hereby 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 all other like empowered.

SIGNATURE: ROBERT RIBES

D

09/29/2011

Electronic Signature of Signing Officer or Director

Date