2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 202789

Entity Name: CONDADO, INC. OF SINGER ISLAND

FILED Apr 21, 2009 Secretary of State

Littly Nai	HE. CONDAL	DO, INC. OF SINGER ISLANI	,				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
5060 N. OO SINGER IS	CEAN DR BLAND, FL 33	404					
Current M	ailing Addres	ss:	New Maili	New Mailing Address:			
5060 N. OCEAN DR 102 SINGER ISLAND, FL 33404				30 VARICK CT. ROCKVILLE CENTRE, NY 11570			
FEI Number:		FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
500 AUSTI 9TH FLOO	ARDEN, PET RALIAN AVE S R LM BEACH, FI	3					
	named entity of Florida.	submits this statement for the	e purpose of changing i	ts registered o	office or registered agent	., or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered A	gent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DTS (PASHAIAN, LAI 30 VARICK CO ROCKVILLE, N	URT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HAIG, LINDA 383 JEFFERSO) Delete DN STREET JARE, NY 11010	Title: Name: Address: City-St-Zip:	BORRACCIO, 5060 N. OCEA			
Title: Name: Address: City-St-Zip:	BIANCHINI, MA 8837 WENDY I		Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	D (RANDAZZO, JO 2519 FORTESO OCEANSIDE, N	QUE AVE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title:	DVP () Delete	Title:	() Change () Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY PASHAIAN TREA 04/21/2009

DEBRA, WANGRUD

53552 OAKVIEW DRIVE

SHELBY TOWNSHIP, MI 48315

Name:

Address:

City-St-Zip: