## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707557** 

FILED Jun 15, 2009 Secretary of State

Entity Name: NONNIE SUE INC., A CONDOMINIUM

Current Principal Place of Business:

**New Principal Place of Business:** 

543 MERIDIAN AVENUE MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

P.O. BOX 190901 P.O. BOX 352466 MIAMI BEACH, FL 33119 P.O. BOX 352466 MIAMI, FL 33135

FEI Number: 59-6169446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARCE, PEDRO C/O LE SOLEIL MGMT, LLC 66 W. FLAGLER ST 1002 MIAMI, FL 33131 US ARCE, PEDRO C/O LE SOLEIL MGMT, LLC 1850 SW 8 STREET #208D MIAMI, FL 33135 US

ARCE, PEDRO

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: PEDRO ARCE 06/15/2009

Electronic Signature of Registered Agent Date

Name:

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: PD ( ) Delete
Name: ARCE, PEDRO
Address: P.O. BOX 190901

 Address:
 P.O. BOX 190901
 Address:
 P.O. BOX 352466

 City-St-Zip:
 MIAMI BEACH, FL 33119
 City-St-Zip:
 MIAMI, FL 33135

Title: SD () Delete Title: (X) Change ( ) Addition Name: GOMEZ, AMERICA Name: GOMEZ, AMERICA Address: P.O. BOX 190901 Address: P.O. BOX 352466 City-St-Zip: MIAMI BEACH, FL 33119 City-St-Zip: MIAMI, FL 33135

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: PEDRO ARCE P 06/15/2009