
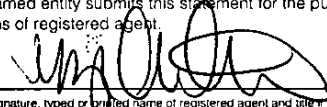
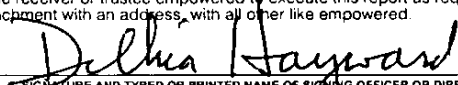


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90032 010 \*\*\*\*61.25

<b>DOCUMENT # 707828</b> 1. Entity Name ASTOR CONDOMINIUM NO.3,INC.					
Principal Place of Business 3501 VAN BUREN ST HOLLYWOOD, FL 33021 US			Mailing Address 3501 VAN BUREN ST HOLLYWOOD, FL 33021 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6169263	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  HAYWARD, DELHIA 3501 VAN BUREN ST. APT #7 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name <b>Torres, LISA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3501 Van Buren St #3</b> City <b>Hollywood</b> FL Zip Code <b>33021</b>	
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 obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3/9/07</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, KALEY 3501 VAN BUREN ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Leone Loriston 3501 Van Buren St Hollywood FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, LIZA 3501 VAN BUREN ST HOLLYWOOD, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Torres, LIZA 3501 Van Buren St Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFARO, RUDOLPH 3501- VAN BUREN ST. HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cafaro, Rudolph 3501 Van Buren St Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZANDOLI, LORETTA 3501 VAN BUREN STR HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Ann Henry 3501 VAN Buren St Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYWARD, DELHIA 3501 VAN BUREN ST HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARACCI, EMILY 3501 VAN BUREN ST HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/9/07</b> Daytime Phone # <b>954-962-2790</b>		