2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # 710327** 1. Entity Name 04-23-2007 90079 046 ****61.25 POINT EAST ONE CONDOMINIUM CORPORATION, INC. Principal Place of Business Mailing Address 2895 POINT EAST DRIVE 2895 POINT EAST DRIVE AVENTURA FL 33160 AVENTURA FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number City & State Applied For 59-1281661 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, MEL Street Address (P.O. Box Number is Not Acceptable) 2930 PÓINT EAST DRIVE **APT E402 AVENTURA FL 33160** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE **FILE NOW: FEE !S \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SecretARY D TITLE Delete THE Change X Addition Dombaoski BARBARA NAMI DOMBROSKI, ROBERT NAME 2980 Point East Drive, D-111 STREET ADDRESS STREET ADDRESS 2980 POINT EAST DRIVE D-111 CITY-ST-ZIP CITY-S1-ZIP AVENTURA FL 33160 Fl. 33160 ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME MARLENE, BOUGIE NAME STREET ADDRESS STREET ADDRESS 2929 POINT EAST DRIVE A-301 CITY-SI-ZIP CITY-ST-ZIP **AVENTURA FL 33160** TITLE Delete TITLE Change Addition NAME NAME MURPHY, GRACE STREET ADDRESS STREET ADDRESS 2929 POINT EAST DRIVE APT A 314 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33160 TITLE TITLE ☐ Addition Delete NAME COHEN, MEL NAME STREET ADDRESS STREET ADDRESS 2930 POINT EAST DR APT E 402 CITY-SI-7IP CITY-ST-ZIP AVENTURA FL 33160 TREASURER IIILE Delete ME Change ☐ Addition SoltANO, MURRAY 2930 Point East Drive, Apt E-414 NAME WOODS, ALAN NAME STREET ADDRESS STREET ADDRESS 2930 POINT BOAT DRIVE APT E. 202 CITY - ST- ZIP AVENTURA FL 33160 CITY-ST-ZIP Aventura. ☐ Change TITLE ☐ Delete HILE X Addition Director CARmelA MANdiA, NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CHY-ST-7IP

SIGNATURE: _

CITY-ST-7tP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED