

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 11 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710950 1. Entity Name FIRST MOORINGS CONDOMINIUM, INC.			
Principal Place of Business UNLIMITED PROPERTY MGMT, LLC 7655 NW 50TH ST MIAMI, FL 33166		Mailing Address UNLIMITED PROPERTY MGMT, LLC 7655 NW 50TH ST MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box <i>C/O The 12 Houses Prop Mgmt</i>		3. Mailing Address <i>PO Box 45756</i>	
Suite, Apt. #, etc. <i>12 Houses Prop Mgmt</i>		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State FL 33245	
Zip 		Zip 33245	
Country 		Country 	
4. FEI Number 59-1166747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNLIMITED PROPERTY MGMT, LLC 7655 NW 50TH ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name <i>The 12 Houses Prop Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>1997 SW 1 ST</i> City <i>MIAMI</i> FL Zip Code <i>33125</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <i>2/1/07</i> <small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURAD, RAMOUL 1591 NE MIAMI GARDENS DR #214 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500103095295 05/23/07--01012--021 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITO, IRENE 1591 NE MIAMI GARDENS DR #205 MIAMI, FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, EDGAR 1591 NE MIAMI GARDENS DR #210 MIAMI, FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, MIREYA 1591 NE MIAMI GARDENS DR #312 MIAMI, FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>Edgar Suarez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>04-18-07</i> <small>DATE</small>	
		Daytime Phone #	