

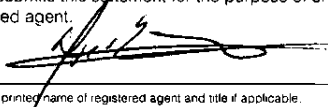
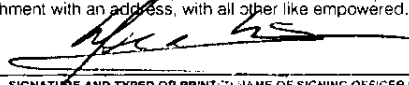


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 030 ****61.25

DOCUMENT # 710950 1. Entity Name FIRST MOORINGS CONDOMINIUM, INC.					
Principal Place of Business C/O THE 12 HOUSES PROPERTY MANAGEMENT CORP POST OFFICE BOX 452756 MIAMI, FL 33166				Mailing Address POST OFFICE BOX 452756 MIAMI, FL 33245	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-family: cursive;">40085745</div> 	
City & State		City & State		04232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1166747	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE 12 HOUSES PROPERTY MANAGEMENT CORP. 1997 SW 1ST STREET MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Four Points Property Management Street Address (P.O. Box Number is Not Acceptable) 790 West 20 Street, 2nd Floor City Maleah, Florida FL Zip Code 33010	
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  DATE 4/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	S RITO, IRENE <input checked="" type="checkbox"/> Delete 1591 NE MIAMI GARDENS DR #205 MIAMI, FL 33179			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALE PRAWDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1501 NE 183 Street, # 357 Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, EDGAR <input type="checkbox"/> Delete 1591 NE MIAMI GARDENS DR #210 MIAMI, FL 33179			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, MIREYA <input type="checkbox"/> Delete 1591 NE MIAMI GARDENS DR #312 MIAMI, FL 33179			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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:  DATE 4/23/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					