

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90019 045 ****61.25

DOCUMENT #712514 1. Entity Name SIXTH HORIZONS CONDOMINIUM, INC.					
Principal Place of Business 1450 N E 191 ST NORTH MIAMI BEACH, FL 33179			Mailing Address C/O SOUTH FLORIDA MANAGEMENT SERVICES LLC PO BOX 25495 TAMARAC, FL 33351		
2. Principal Place of Business - No P.O. Box # 210 S.W. 19th Street			3. Mailing Address PO Box 25495		
Suite, Apt. #, etc. PO Box 25495			Suite, Apt. #, etc. PO Box 25495		
City & State Miami, FL 33351			City & State Miami, FL 33351		
Zip 33179		Country USA		4. FEI Number 59-1203916	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEREZ, JULIO C. 1450 NE 191ST STREET #103 MIAMI, FL 33179			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P PEREZ, JULIO C 1450 NE 191ST STREET MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GONZALES, GIOVANNI 1450 N.E. 191ST ST. MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JOVER, PATRICIA 1450 NE 191 STREET MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIB-ROY, NATALIE 1450 NE 191ST STREET #403 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOSEPH MIRANDA 1450 NE 191ST STREET MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Juette Miranda 1450 NE 191ST ST Miami FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Carol Kilegon 1450 NE 191ST ST Miami FL 33179	<input type="checkbox"/> Delete			
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 2/20/08 Daytime Phone #					