2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 713304

Entity Name: FOURTH HORIZONS CONDOMINIUM INC.

Current Principal Place of Business:

1400 NE 191 ST.
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1400 NE 191 ST.
142
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1400 NE 191 ST.
142
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-1226368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MYERS, DONALD
1400 NE 191 ST
STE 142
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

RAM, DAVEANAND
1400 NE 191 ST
STE 142
NORTH MIAMI BEACH, FL 33179 US

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.

SIGNATURE: DAVEANAND RAM 04/13/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVEANAND, RAM
Address: 1400 NE 191ST STE 142
City-St-Zip: MIAMI, FL 33179

Title: VD ( ) Delete
Name: PORTUREAS, AVNEMARIE
Address: 1400 NE 191ST STE 101
City-St-Zip: MIAMI, FL 33179

Title: SD ( ) Delete
Name: SIMONET, EMMANUEL
Address: 1400 NE 191ST STE 141
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: TD ( ) Delete
Name: MOJENA, JOSE A
Address: 1400 NE 191ST STE 244
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: CORDERO, RAUL
Address: 1400 NE 191ST STE 209
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: GONZALEZ, ENRIQUE
Address: 1400 NE 191ST STE 322
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAM, DAVEANAND
Address: 1400 NE 191ST STE 142
City-St-Zip: MIAMI, FL 33179

Title: VD (X) Change ( ) Addition
Name: DOYLE, STACEY
Address: 1400 NE 191ST # 203
City-St-Zip: MIAMI, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVEANAND RAM PD 04/13/2009
Electronic Signature of Signing Officer or Director — Date