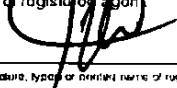
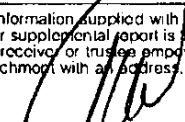


FILED
Jul 13, 2007 8:00 am
Secretary of State

66020356

DOCUMENT # 716168 1. Entity Name MEADOWBROOK TOWERS CONDOMINIUM "C", INC.		 5. Secretary of State 05-07-2007 90053 048 ****61.25	
Principal Place of Business 218 NORTHEAST 12 AVENUE HALLANDALE FL 33009		Mailing Address 218 NORTHEAST 12 AVENUE HALLANDALE FL 33009	
2. Principal Place of Business - No P.O. Box # 218 NE 12 AVE #405		3. Mailing Address 218 NE 12 AVE #405	
Suite, Apt. #, etc. #405		City & State HALLANDALE FL	
City & State HALLANDALE FL		City & State HALLANDALE FL	
Zip 33009		Zip 33009	
Country Browards		Country Browards	
6. Name and Address of Current Registered Agent WILLIAMS, JORGE 218 NE 12TH AVENUE #405 HALLANDALE FL 33009		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 registration. SIGNATURE  Jorge Williams President 7-1-07 (Signature, typed or printed name of registered agent and not applicable) (NOTE: Registered Agent signature required when terminating) DATE			
FILE NOW: FEE IS \$81.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 PD NAME WILLIAMS, JORGE STREET ADDRESS 218 NE 12TH AVE CITY ST ZIP HALLANDALE FL 33009	☐ Delete	TITLE ☐ Change ☐ Addition	
TITLE TD NAME ROSENBERG, MYRA STREET ADDRESS 218 N.E. 12TH AVE. CITY ST ZIP HALLANDALE FL 33009	☒ Delete	TITLE ☐ Change ☐ Addition	
TITLE VP NAME PARDO, JOSE STREET ADDRESS 218 NE 12TH AVE CITY ST ZIP HALLANDALE FL 33009	☐ Delete	TITLE ☐ Change ☐ Addition	
TITLE TD NAME MARDARADO, MIGUEL STREET ADDRESS 218 NE 12TH AVE CITY ST ZIP HALLANDALE FL 33009	☐ Delete	TITLE ☐ Change ☐ Addition	
TITLE S NAME ECHEVERRY, JUDITH STREET ADDRESS 218 NE 12TH AVE CITY ST ZIP HALLANDALE FL 33009	☐ Delete	TITLE ☐ Change ☐ Addition	
TITLE S NAME KOSHER, NUVIS STREET ADDRESS 218 NE 12TH AVE CITY ST ZIP HALLANDALE FL 33009	☐ Delete	TITLE ☐ Change ☐ Addition	
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.			
SIGNATURE:  Jorge Williams President 7-1-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			