

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 039 ****61.25

DOCUMENT # 717061

1. Entity Name
THREE HORIZONS, SOUTH, CONDOMINIUM, INC.



Principal Place of Business
**1465 NE 123RD STREET
 NORTH MIAMI, FL 33161**

Mailing Address
**1465 NE 123rd street#603
 N. Miami Fl 33161**

40088062



2. Principal Place of Business - No P.O. Box #
same as above

3. Mailing Address
same as above

U1202007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country Zip Country

4. FEI Number
59-1438437

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SUNRISE MANAGEMENT SERVICES, INC.
 7071 W COMMERCIAL BLVD #2B
 FORT LAUDERDALE, FL 33319**

delete

7. Name and Address of New Registered Agent
 Name
John Hernandez - Manager

Street Address (P.O. Box Number is Not Acceptable)
1465 NE 123rd street#603

City
N. Miami

FL Zip Code
33161

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 agents.

SIGNATURE **John Hernandez, Manager** *[Signature]* **04-21-2008**

Filing Fee is **\$61.25**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, JOHN 1465 NE 123RD STREET # 603 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUESADA, JOSE 1465 NE 123RD STREET, #214 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEEST, DESIREE 1465 NE 123RD ST 811 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORDLUND, MARIE 1465 NE 123RD ST 211 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHA, CENIDE 1465 NE 123RD STREET, # 604 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, ELIAS 1465 NE 123 ST APT 212 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete

11. OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lorenzo Pescini #210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Elias Rivera #212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rafael Munoz #810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O.J Carlo #707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nordlund, Marie-claire #211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cenide Rocha #604 D Ames Rosemary #PH9	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADD

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: **John Hernandez, Manager** *[Signature]* **04/21/2008** **786-587-8000**

CK # 3347