

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90063 003 \*\*\*\*61.25

<b>DOCUMENT # 718827</b>					
<b>1. Entity Name</b> BEVERLY HILLS CONDOMINIUM NUMBER THREE, INC.					
<b>Principal Place of Business</b> 5300 WASHINGTON STREET APT C111 HOLLYWOOD, FL 33021 US			<b>Mailing Address</b> 5300 WASHINGTON STREET APT C111 HOLLYWOOD, FL 33021 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  MOLINO, ROSS 5300 WASHINGTON ST C-113 HOLLYWOOD, FL 33021			<b>7. Name and Address of New Registered Agent</b> Name: <u>Horton, Anita</u> Street Address (P.O. Box Number is Not Acceptable): <u>5300 Washington St.</u> <u>apt. C-312</u> City: <u>Hollywood</u> <b>FL</b> Zip Code: <u>33021</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: PD NAME: MOLINO, ROSS. STREET ADDRESS: 5300 WASHINGTON ST C-113 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE: <u>1st assistant manager</u> NAME: <u>Jarvis, Joes</u> STREET ADDRESS: <u>5300 Washington St. C-312</u> CITY-ST-ZIP: <u>Hollywood, FL 33021</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: HURTON, ANITA STREET ADDRESS: 5300 WASHINGTON ST C-312 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE: <u>2nd assistant vice</u> NAME: <u>President - Grey Alfaro</u> STREET ADDRESS: <u>5300 Washington St. C-317</u> CITY-ST-ZIP: <u>Hollywood FL 33021</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TD NAME: MOLINA, MARIA STREET ADDRESS: 5300 WASHINGTON ST C-313 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE: <u>Treasurer</u> NAME: <u>Molina Maria</u> STREET ADDRESS: <u>5300 Washington St. C 313</u> CITY-ST-ZIP: <u>Hollywood FL 33021</u>	<input checked="" 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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Anita Horton</u>			<u>4/18/07</u> <u>954-944-8057</u> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					