

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90053 016 \*\*\*\*61.25



**DOCUMENT # 725749**  
 1. Entity Name  
**MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**% CARIBBEAN PROPERTY MNGMT**      **% CARIBBEAN PROPERTY MNGMT**  
**12301 SW 132 CT**      **12301 SW 132 CT**  
**MIAMI, FL 33186 US**      **MIAMI, FL 33186 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

03052007      Chg-NP      CR2E037 (12/06)  
 4. FEI Number      Applied For  
**59-1462704**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**CARIBBEAN PROPERTY MANAGEMENT**  
**12301 SW 132 COURT, SUITE 102**  
**MIAMI, FL 33186**

**7. Name and Address of New Registered Agent**  
 Name **JONATHAN K. RUBIN, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **9560 SUNSET DRIVE**  
**Suite 220**  
 City **MIAMI**      FL      Zip Code **33173**

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 *[Signature]*      **Attorney**      DATE **4-24-07**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	TD BLANCA, GEDAGINA 900 SW 84TH AVE APT 216 MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Augusto Menendez 900 SW 84th Ave # 511 Miami FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, LUIS 900 SW 84 AVE APT 401 MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Luis Rodriguez 900 SW 84th Ave # 401 Miami FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVERA, JAVIER 900 SW 84 AVE APT 215 MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rolando Suarez 900 SW 84th Ave # 515 Miami FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, ADNER 900 SW 84 AVE APT 301 MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruben Valera 900 SW 84 Ave # 512 Miami FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCANE, FERNANDO 900 SW 84 AVE APT 315 MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Adner Diaz 900 SW 84th Ave # 301 Miami FL 33144 <input type="checkbox"/> Change <input checked="" 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

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: *[Signature]*      Date **4/24/07**      Daytime Phone # **305-598-7331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR