2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2007 8:00 am
Secretary of State
05-16-2007 90020 030 ****61.25

DOCUMENT # 726205 ~

1. Entity Name

LA MAR BREEZE CONDOMINIUM, INC.

66020406

Principal Place of Business	Mailing Address
3944 N.E. 167TH STREET NORTH MIAMI BEACH FL 33160	3944 N.E. 167TH STREET NORTH MIAMI BEACH FL 33160

1st MOORE CR2E037 (10/06)

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

4. FEI Number 59-1889719 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, JACOB 3944 NE 167TH ST #402 N MIAMI BCH FL 33160	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 registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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	S GREEN, CAROL 3944 NE 167TH ST. #303 NORTH MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carol Green 3944 NE 167 Apt 303 North Miami Beach 33160 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEHAR, RITA 3101 NE 164 ST. NORTH MIAMI BEACH FL 33160	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President David Gordon 3944 NE. 167 Apt 202 North Miami Beach 33160 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROHDE, CLARA 3944 NE 167TH ST #406 N MIAMI BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENDRA, MARINA 3944 NE 167TH STREET #403 NORTH MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sandra Marina 3944 NE 167 Apt 403 North Miami Beach FL 33160 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, JACOB 3944 NE 167TH ST NE 402 NORTH MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARVALHO, EUDES D 3944 NE 167 ST #408 NORTH MIAMI BEACH FL 33160	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Carlos Giordano 3944 NE 167 Apt 201 North Miami Beach FL 331-4 — ☑ 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: Cohen JACOB COHEN 7-3-07 305-944-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66020406
#726205

Fees were paid on this
This was Returned
For Signature