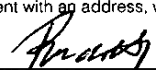


FILED
Apr 11, 2007 8:00 am
Secretary of State

40037040

DOCUMENT # 727318						04-11-2007 90036 012 ****61.25	
1. Entity Name THE CONQUEROR CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 3948 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160 US				Mailing Address P.O. BOX 402507 MIAMI BEACH, FL 33140 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	
6. Name and Address of Current Registered Agent COMPLETE PROPERTY MANAGEMENT 3550 BISCAYNE BLVD. SUITE 401 MIAMI, FL 33137				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 registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
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	PD TRIA, ARMIDA 3948 N.E. 169TH STREET #401 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALAC, RUDY 3948 NE 169TH STREET #400 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARELLA, CONNIE 3948 NE 169TH STREET #303 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOA, GLADYS 3948 NE 169 TH ST. #205 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHTER, CHRISTINA 3948 NE 169TH STREET #605 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADLER, MIKE 3948 NE 169TH STREET #306 NORTH MIAMI BEACH, FL 33160	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 				2-11-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			