## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 18, 2008 8:00 am Secretary of State

ANNUAL REPURI						Sacratary of State				
DOCUMENT # 727318  1. Entity Name THE CONQUEROR CONDOMINIUM ASSOCIATION, INC.					Secretary of State 02-18-2008 90006 008 ****61.25					
Principal Place of Business 3948 N.E. 169TH STREE NORTH MIAMI BEACH, FL	T	Mailing Address P.O. BOX 402507 MIAMI BEACH, FL 33140 US					III <b>878</b> 11 81811 818			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 169th Street		et.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302008	Chg-NP	CR2E03	7 (12/06)		
City & State		North Miami Beach, Fl		F/	4. FEI Number Applied For 59-1882599 Not Applicable					
Zip .	Country	zip39160	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require		
6. Name	and Address of Current R	egistered Agent		-	7. Name and Ad	,		<del></del>	-	
COMPLETE PROPE			Name Street A			assers		)		
SUITE 401 MIAMI, FL 33137	VD.	Street Address to 3545		545	NE 167	SFCPA	pst 40	<u>5                                    </u>	<del></del>	
MIAMI, FL 33137		× .	City		N / Carrol	Barel	FL	Zip Cod		
8. The above named entity submits this statement for the purpose of changing its registered office or registered at								amiliar with,	and accept	
the obligations of registr	_		$\bigcap a$		. هـ ا			1 1		
SIGNATURE Dalina Vasserstein, Manager Dalina Vassenstein						2/	4/08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
-		in the it appressie. (NO/E:	Hegistered Agent signat	ture required w	when reinstating)	<del> </del>	DATE			
_	e is \$61.25 lay 1, 2008	9. Election Carr Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE Make check rida Depart			
Due by M		9. Election Carm Trust Fund Co	paign Financing ontribution.	O A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flo	dake check rida Depart	ment of St	ate	
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10.  TITLE PD  NAME TRIA, ARM  STREET ADDRESS 3948 N.E.	OFFICERS AND DIRE  AIDA 169TH STREET #401	9. Election Carm Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS	U ,	\$5.00 May Be Added to Fees DDITIONS/CHANG	GES TO OFFICE	lake check rida Depart ERS AND DIF	RECTORS IN	10 Addition	
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10.  TITLE PD  NAME TRIA, ARM  STREET ADDRESS 3948 N.E.	OFFICERS AND DIRE  MIDA 169TH STREET #401 IIAMI BEACH, FL 33160	9. Election Carm Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS	0 A1 VP 394 No	\$5.00 May Be Added to Fees DDITIONS/CHANI Nuttal 48 NE 16 144 Mia	GESTO OFFICE 1. DORO 9 St # mi Beac	Hake check rida Depart ERS AND DIF THY 206 ch, Fl	RECTORS IN	10 Addition	
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12. I hereby certify that the information supplied with this filling 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #		
SIGNATURE: annida / pia - ARMIDA	TRia	2/4/08	305 940-25	82