2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727546

FILED Jan 08, 2007 Secretary of State

Entity Name: 326 OCEAN DRIVE CONDOMINIUM, INC.

	rincipal Place of Business:	New Principal Place of Business:		
	N DRIVE			
SUITE 1 /IIAMI BE/	ACH, FL 33139			
Current M	lailing Address:	New Mailing Address:		
	IDVIEW RD IE, ON L2A 4V7 CA			
El Number	: 65-0017066 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Des	sired ()	
lame and	Address of Current Registered Agent:	Name and Address of New Registered Agen	t:	
(RAFT RO 126 OCEA 1				
•	ACH, FL 33139 US			
	named entity submits this statement for the pure of Florida.	rpose of changing its registered office or registered age	nt, or both	
IGNATU	RE:			
	Electronic Signature of Registered Ager	nt Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame: ddress: ity-St-Zip:	DS () Delete KRAFT, ROBERT 326 OCEAN DR. #1 MIAMI BEACH, FL 33139 US	Title: () Change () Addition Name: Address: City-St-Zip:		
tle: ame:	DVP () Delete CARR, HELEN 1599 IFIELD RD	Title: () Change () Addition Name: Address:		
	MISSISSAUGA,, ON L5H 3V8 CA	City-St-Zip:		
ity-St-Zip: tle: ame: ddress:	MISSISSAUGA,, ON L5H 3V8 CA DP () Delete ENGELS, GARY 764 GRANDVIEW RD FORT ERIE, ON L2A 4V7 CA	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:		
ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	DP () Delete ENGELS, GARY 764 GRANDVIEW RD	Title: () Change () Addition Name: Address:		
ddress: ity-St-Zip: itle: aame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: itle: ame: itle: ame: itle: ame: itle:	DP () Delete ENGELS, GARY 764 GRANDVIEW RD FORT ERIE, ON L2A 4V7 CA DS () Delete WARSZAWSKI, DANUTA 156 ENFIELD PL. SUITE 2110	Title: () Change () Addition Name: Address: City-St-Zip: Title: DS (X) Change () Addition Name: WARSZAWSKI, ZYGMUNT Address: 156 ENFIELD PL. SUITE 2110		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY C. ENGELS DP 01/08/2007