


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 002 ****70.00

DOCUMENT # 728410
 1. Entity Name
ANDALUSIA CONDOMINIUM CORP.



Principal Place of Business
 6200 WEST FLAGLER STREET
 APT 204
 MIAMI, FL 33154 US

Mailing Address
 C/O LM QUALITY MGMT
 PO BOX 440915
 MIAMI, FL 33144

40018649



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1550209

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
NUNEZ, LUZMARY 6200 W. FLAGLER ST. MIAMI, FL 33134	Name NUÑEZ LUZMARY
	Street Address (P.O. Box Numbers Not Acceptable) 6200 W. Flagler St # 401
	City Miami FL Zip Code 33144

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]* *Luzmary Nunez* *2/1/07*
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 PD	<input type="checkbox"/> Delete MOREJON, CAROL 6200 W. FLAGLER ST. #206 MIAMI, FL 33144	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carol Morejon 6200 W. Flagler St #206 Miami FL 33144
TITLE VPD	<input checked="" type="checkbox"/> Delete SATIAGO, PENA 6200 W. FLAGLER ST. #105 MIAMI, FL 33144	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mario Saavedra 6200 W. Flagler St #409 Miami FL 33144
TITLE TD	<input type="checkbox"/> Delete DRELLANA, JULIO 6200 W. FLAGLER ST #301 MIAMI, FL 33144	TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition Evelinda Rodriguez 6200 W. Flagler St #208 Miami FL 33144
TITLE SD	<input checked="" type="checkbox"/> Delete DIAZ-SALINERO, IRAIDA 6200 W. FLAGLER ST. #205 MIAMI, FL 33144	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Santiago Peña 6200 W. Flagler St #105 Miami FL 33144
TITLE D	<input checked="" type="checkbox"/> Delete SAAVEDRA, MARIO 6200 WEST FLAGLER ST MIAMI, FL 33144	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition Maria Menendez 6200 W. Flagler St #107 Miami FL 33144
TITLE D	<input type="checkbox"/> Delete LEYTE-VIDAL, EDUARDO 6200 W. FLAGLER ST. #405 MIAMI, FL 33144	TITLE D	<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]* *Carol Morejon* *2/1/07* *305 267 2785*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #