


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 728410 1. Entity Name ANDALUSIA CONDOMINIUM CORP.	
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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
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04232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1550209	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NUNEZ, LUZMARY 6200 W. FLAGLER ST.#401 MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**

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: Luzmary Nunez Lopez DATE: 4/22/08  
(Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000930907  
 05/21/08-80126-018 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREJON, CAROL 6200 W. FLAGLER ST. #206 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SATIAGO, PENA 6200 W. FLAGLER ST. #105 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, OVELINDA 6200 W FLAGLER ST #208 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENENDEZ, MARIA 6200 W FLAGLER ST #107 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAAVEDRA, MARIO 6200 WEST FLAGLER ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Carol Morejon DATE: 4/22/08 DAYTIME PHONE #: 305 267 2285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #