

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728410

FILED
Mar 24, 2009
Secretary of State

Entity Name: ANDALUSIA CONDOMINIUM CORP.

Current Principal Place of Business:

6200 WEST FLAGLER STREET
APT 204
MIAMI, FL 33154 US

New Principal Place of Business:

6200 WEST FLAGLER STREET
APT 401
MIAMI, FL 33144 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1550209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNEZ, LUZMARY
6200 W. FLAGLER ST.#401
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOREJON, CAROL
Address: 6200 W. FLAGLER ST. #206
City-St-Zip: MIAMI, FL 33144

Title: SD () Delete
Name: SANTIAGO, PENA
Address: 6200 W. FLAGLER ST. #105
City-St-Zip: MIAMI, FL 33144

Title: TD () Delete
Name: RODRIGUEZ, OVELINDA
Address: 6200 W FLAGLER ST #208
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: MENENDEZ, MARIA
Address: 6200 W FLAGLER ST #107
City-St-Zip: MIAMI, FL 33144

Title: TD (X) Delete
Name: SAAVEDRA, MARIO
Address: 6200 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MARIO, SAAVEDRA
Address: 6200 W. FLAGLER ST. #409
City-St-Zip: MIAMI, FL 33144

Title: D (X) Change () Addition
Name: MARIA, MENENDEZ
Address: 6200 W FLAGLER ST #107
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CAROL MOREJON

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date