

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90283 001 *****8.75
 03-30-2007 90283 002 *****61.25



DOCUMENT # 728854

1. Entity Name
 CASA DEL SOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 1750 W. 46TH ST.
 SUITE 546
 HIALEAH, FL 33012 US

Mailing Address
 1750 W. 46TH ST.
 SUITE 546
 HIALEAH, FL 33012 US



03152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1560240** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, CARLOS
 1750 W. 46TH ST.
 #321
 HIALEAH, FL 33012

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALDES, CARLOS
STREET ADDRESS	1754 W 46TH ST 321
CITY-ST-ZIP	HIALEAH, FL
TITLE	SD
NAME	ACOSTA, MIGUEL
STREET ADDRESS	1750 W. 46TH ST.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VD X <i>Zarate Javier</i>
NAME	OLVEIRA, ANTONIO <i>1750 W 46st</i>
STREET ADDRESS	1750 W 46TH ST 406 <i>538 Hialeah FL</i>
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D X <i>Andres H. Mendoza</i>
NAME	ZARATE, JAVIER <i>1750 W 46st 203</i>
STREET ADDRESS	1750 W 46 ST APT 538 <i>Hialeah FL 33012</i>
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	T
NAME	VITON, ROGELIO
STREET ADDRESS	1750 W. 46ST APT. 432
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07 3054091985
Date Daytime Phone #