2007 NOT-FOR-PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #729972** 04-30-2007 90463 012 ****61.25 1. Entity Name ANTILLA PLAZA CONDOMINIUM, INC. Principal Place of Business Mailing Address 40091760 **50 ANTILLA AVE 50 ANTILLA AVE** CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 Principal Place of Business - No P.Q. Box # 3. Mailing Address 50 AUTILLA ANT Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-NP CR2E037 (12/06) 5 4. FEI Numbe City & State City & State Applied For 024 GAR **-ES,F** 59-1671741 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAN -(0 FERNANDEZ, CAROLINA B Street Address (P.O. Box Number is Not Acceptable) 50 ANTILLA AVE CORAL GABLES, FL 33134 Zip Code GARY 8. The above named entity submits this statement for the purpose of changing its registered office or istered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ADAN SIGNATURE Signature, typed or printed rigme of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRES TITLE Delete TITLE Change Addition Addition PRES FERNANDEZ, CAROLINA B NAME NAME AGOS STREET ADDRESS 50 ANTILLA AVENUE # 2 STREET ADORESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP ഹ വേക VPRE TITLE Oelete TITLE VPRE Change Addition D'AGOSTINO, KATHERINE NAME NAME AUE # STREET ADDRESS 50 ANTILLA AVE #3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES EL 33134 CITY-ST-7IP TRES TITLE ☐ Delete ☐ Change TITLE ☐ Addition ADAÑ, JULIO NAME NAME STREET ADDRESS 50 ANTILLA AVE # 5 STREET ADORESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE **SECR** ☐ Delete TITLE ☐ Change ☐ Addition LACAYO, AMALIA NAME NAME STREET ADDRESS 50 ANTILLA AVE # 4 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-7IP CITY-ST-7IP DIRE TITLE Delete ☐ Change ☐ Addition TITLE FERNANDEZ, JAVIER A NAME NAME 50 ANTILLA AVE # 2 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted 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 ttachment with an adwith all other like empowered

JULIO ADAN(TRES SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/07

FILED