2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 729972

Entity Name: ANTILLA PLAZA CONDOMINIUM, INC.

Current Principal Place of Business:

50 ANTILLA AVE
#5
CORAL GABLES, FL 33134 US

New Principal Place of Business:

50 ANTILLA AVE
#4
CORAL GABLES, FL 33134 US

Current Mailing Address:

50 ANTILLA AVE
#5
CORAL GABLES, FL 33134 US

New Mailing Address:

50 ANTILLA AVE
#4
CORAL GABLES, FL 33134 US

FEI Number: 59-1671741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAN, JULIO
50 ANTILLA AVE
#5
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LACAYO, AMALIA
50 ANTILLA AVE
#4
CORAL GABLES, FL 33134 US

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: AMALIA LACAYO 04/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: D'AGOSTINO, KATHERINE
Address: 50 ANTILLA AVE # 3
City-St-Zip: CORAL GABLES, FL 33134

Title: TRES ( ) Delete
Name: ADAN, JULIO
Address: 50 ANTILLA AVE # 5
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR ( ) Delete
Name: LACAYO, AMALIA
Address: 50 ANTILLA AVE # 4
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: ESCOBAR, ROBERTO
Address: 50 ANTILLA AVE #7
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change ( ) Addition
Name: LACAYO, AMALIA
Address: 50 ANTILLA AVE # 4
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR (X) Change ( ) Addition
Name: ADAN, JULIO
Address: 50 ANTILLA AVE # 5
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition
Name: FERNANDEZ, CAROLINA
Address: 50 ANTILLA AVE #2
City-St-Zip: CORAL GABLES, FL 33134

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: AMALIA LACAYO TRES 04/29/2008
Electronic Signature of Signing Officer or Director Date