2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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05-07-2007 90069 005 ****61.25

VILLÁ BISCAYA JARDINES CONDOMINIUM PHASE II, dara. Principal Place of Business Mailing Address 4050 NW 135TH STREET 4050 NW 135TH STREET SUITE # 11-3 SUITE # 11-3 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-1712698 City & State Applied For Not Applicable Ziα Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTESINO, CARLOS O. Box Number is Not Acceptable) **4050 NW 135TH STREET SUITE 11-3** OPA LOCKA, FL 33054 8. The above named entity subplits 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. LIDELINE ONESADA SIGNATURE Signature. d or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MONTESINO, CARLOS NAME STREET ADDRESS STREET ADDRESS 4050 NW 135 ST, 11-3 CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-7)P <u>57</u> ☐ Change ☐ Addition 🗹 Detete TITLE TITLE MARTHA RIVAS MARTINEZ, MIGUEL NAME NAME GOTO NW 135 ST. ABO -FD ast 9 4050 NW 135 ST. 10-5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME JULIO, ROMEU NAME STREET ADDRESS 4050 NW 135ST, 11-7 STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE LUGO MANIA NIQUES. NAME ARZOLA, JOSE NAME 4000 NW 13555. BIDG-10 Apt 24 OPA-WCKE FE. 33004 STREET ADDRESS 4050 NW 135 ST, 10-21 STREET ADDRESS OPA LOCKA, FL 33054 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied 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 of fustee 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 or an attachment with an actives; with all other like empowered.

NAME

STREET ADORESS
CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/LOV 3)8/9-WOV