


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90013 001 \*\*\*\*61.25  
09-11-2008 90013 002 \*\*\*\*\*8.75

<b>DOCUMENT # 743901</b>	
1. Entity Name MARSEILLES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1207 MARSEILLES DR #31 MIAMI BEACH, FL 33141 US	Mailing Address POB 416614 MIAMI BEACH, FL 33141 US
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**66016481**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2051540		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
TRUJILLO, ANTONIO 2535 SW 36 AVE MIAMI, FL 33133		Name <u>Gloidina BORRERO</u> Street Address (P.O. Box Number is Not Acceptable) <u>1207 MARSEILLES DR #31</u> City <u>MIAMI BEACH</u> FL Zip Code <u>33141</u>

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 Gloidina Borrero DATE 9-9-08  
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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORRERO, GLOIDINA 1207 MARSEILLES DR, #31 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Juan Pablo Subirana <input type="checkbox"/> Change <input type="checkbox"/> Addition 1207 MARSEILLES DR #29 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUJILLO, ANTONIO 2535 SW 36 AVE MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gloidina BORRERO <input type="checkbox"/> Change <input type="checkbox"/> Addition 1207 MARSEILLES DR #31 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANAS, RUBEN D <input checked="" type="checkbox"/> Delete 1193 MARSEILLES DR #1 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANAS RUBEN <input type="checkbox"/> Change <input type="checkbox"/> Addition 1193 MARSEILLES DR #1 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gloidina Borrero GB DATE 9-9-08 DAYTIME PHONE 786 444 5021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR