2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2007 8:00 am **DOCUMENT # 751570** Secretary of State 1. Entity Name 02-14-2007 90060 018 ****61.25 MAPIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5151 SW 98TH AVE ROAD MIAMI FL 33165 5151 SW 98TH AVE ROAD MIAMI FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/06) 1st MOORE City & State Applied For City & State 4. FEI Number Miami 59-2104427 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIANA, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 5151 SW 98TH AVE RD MIAMI FL 33165 City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing 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 11. IITLE D ☐ Delete TITLE Change ☐ Addition TRIANA, VICTORIA . . NAME STREET ADDRESS STREET ADDRESS 7915 HARDING AVE, APT #3 CITY - ST - ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition ARAGON, HUGO NAME NAME STREET ADDRESS 7915 HARDING AVE, APT. 3 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI BEACH FL 33141 ☐ Change TITLE Delete HHE ☐ Addition NAME NAME ARGUELLES, ANGEL STREET ADDRESS STREET ADDRESS 7915 HARDING AVENUE #7 CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME MOUTEAGUDO, LAZARO STREET ADDRESS STREET ADDRESS 7915 HARDING AVE APT # 4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33141 TITLE ☐ Addition TITLE ☐ Delete NAME NAME TRIANA, LORENZO STREET ADDRESS STREET ADDRESS 7915 HARDING AVENUE #6 CITY-ST-ZIP CITY-SI-ZIP MIAMI BEACH FL 33141 TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-SI-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 eath, 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 attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

(305) 596-9421

FILED