

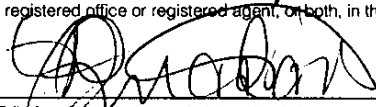
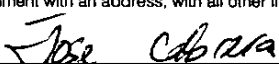


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90254 014 \*\*\*\*61.25

<b>DOCUMENT # 767280</b> 1. Entity Name <b>OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XX) ASSOCIATION, INC.</b>					
Principal Place of Business 14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016 US				Mailing Address 14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016 US	
2. Principal Place of Business - No P.O. Box # <b>6801 NW 77 AVE</b>		3. Mailing Address <b>6801 NW 77 AVE</b>			
Suite, Apt. #, etc. <b>205</b>		Suite, Apt. #, etc. <b>205</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33166</b>		Country <b>U.S.A</b>		04252008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2285006</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ZARATE, JORGE CAM</b> <b>14411 COMMERCE WAY</b> <b>#240</b> <b>MIAMI LAKES, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>Renovations Property Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>6801 NW 77 AVE #205</b> City <b>Miami, FL</b> Zip Code <b>33166</b>			
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 <b>Marilyn Almodovar</b>  <b>4/24/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CABRERA, JOSE</b> <b>1411 COMMERCE WAY, SUITE 240</b> <b>MIAMI LAKES, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JOSE CABRERA</b> <b>6801 NW 77 AVE #205</b> <b>MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CABRERA, ENRIQUE</b> <b>1411 COMMERCE WAY, SUITE 240</b> <b>MIAMI LAKES, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ENRIQUE CABRERA</b> <b>6801 NW 77 AVE #205</b> <b>MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ALVAREZ, GUILLERMO</b> <b>1411 COMMERCE WAY, SUITE 240</b> <b>MIAMI LAKES, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GUILLERMO ALVAREZ</b> <b>6801 NW 77 AVE #205</b> <b>MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MEDINA, CASILDA</b> <b>1411 COMMERCE WAY SUITE 240</b> <b>MIAMI LAKES, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CASILDA MEDINA</b> <b>6801 NW 77 AVE #205</b> <b>MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <b>Jose Cabrera</b>  <b>4/24/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					