
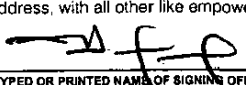


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90406 048 \*\*\*\*61.25

<b>DOCUMENT # N00000000981</b> 1. Entity Name <b>LAS BRISAS AT DORAL CONDOMINIUM NO. 4 ASSOCIATION, INC.</b>					
Principal Place of Business <b>6925 NW 42 STREET MIAMI, FL 33166</b>			Mailing Address <b>6925 NW 42 STREET MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6.-Name and Address of Current Registered Agent</b>  <b>FEIN, STEVEN 900 SW 40TH AVENUE PLANTATION, FL 33317</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Brough, Chadrow + Levine, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 N. Commerce Pkwy</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</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>David L. Brough, Esq.</b> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to 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	TD GARCIA, BEVERLY 5785 NW 116 AVE 108 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRERO, HERBERT 5791 N.W. 116TH AVENUE #106 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRERO, HERBERT 5791 N.W. 116TH AVENUE #106 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRERO, HERBERT 5791 N.W. 116TH AVENUE #106 MIAMI, FL 33178	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRERO, HERBERT 5791 N.W. 116TH AVENUE #106 MIAMI, FL 33178	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>4/25/08</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					