
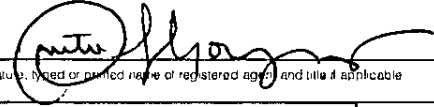


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N0100000044</b>					
1. Entity Name <b>MARILLI CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2296 53RD ST HIALEAH FL 33016</b>			Mailing Address <b>C/O CAM MANAGEMENT SRVCS PO BOX 5103 HIALEAH FL 33014-1103</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number <b>65-1113208</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ANITA 6175 NW 167TH ST UNIT G1 MIAMI LAKES FL 33015</b>			7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> 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 		<b>ANITA GONZALEZ</b>		DATE <b>03/31/07</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PTD MATOS, DIONYS 2296 W. 53 ST. HIALEAH FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000634603 04/17/07-80025-025 61.25</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>SD ZAPATA, EDMUNDO 2312 W 53 ST HIALEAH FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VPD GARAY, RAFAELA 2302 W 53 ST HIALEAH FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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:**  **DIONIS MATOS** 3/31/07 (305) 826-9191