

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 24 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N01000000044</b> 1. Entity Name <b>MARILILLI CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 2308 west 53rd st hialeah fl, 33016		Mailing Address C/O CAM MANAGEMENT SRVCS PO BOX 5103 HIALEAH, FL 33014-1103
2. Principal Place of Business - No P.O. Box # <i>2308 W 53RD ST</i> Suite, Apt. #, etc.	3. Mailing Address <i>2308 W 53RD ST</i> Suite, Apt. #, etc.	
City & State <i>Hialeah, FL</i>	City & State <i>Hialeah, FL</i>	4. FEI Number 65-1113208
Zip <i>33016</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  GONZALEZ, ANITA 6175 NW 167TH ST UNIT G1 MIAMI LAKES, FL 33015		7. Name and Address of New Registered Agent  Name <i>JOAN GARCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>2308 W 53RD ST</i>  City <i>Hialeah</i> <b>FL</b> Zip Code <i>33016</i>
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>10-5-07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
- Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MATOS, DIONYS 2296 W. 53 ST. HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAPATA, EDMUNDO 2312 W 53 ST HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARAY, RAFAELA 2302 W 53 ST HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete <i>HIA 53ST</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>[Signature]</i> <i>Joan Garcia</i>		DATE <i>10-20-07</i> DAYTIME PHONE # <i>786-493-7115</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #