

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 009 ****70.00

DOCUMENT # N01000000291 1. Entity Name EL PARAISO GRANDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2138 SW 6TH ST # 302 MIAMI, FL 33135			Mailing Address 2138 SW 6TH ST # 201 MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 2138 SW 6 ST		3. Mailing Address Suite, Apt. #, etc. 301			
City & State MIAMI, FL		City & State (blank)		4. FEI Number 65-1074592	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONDO, RICARDO 2138 SW 6TH ST # 302 MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Domingo Robaina Street Address (P.O. Box Number is Not Acceptable) 2138 SW 6 ST # 301 City MIAMI FL 33135	
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 01/03/08 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PR NAME FONDO, RICARDO STREET ADDRESS 2138 SW 6 ST # 302 CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE PR NAME Domingo Robaina STREET ADDRESS 2138 SW 6 ST # 301 CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALFONSO, VINCENTE STREET ADDRESS 2138 SW 6TH ST #101 CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE VP NAME MARIA L. KRANTZ STREET ADDRESS 2138 SW 6 ST # 403 CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME MEDINA, FREDDY STREET ADDRESS 2138 SW 6TH ST #203 CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE T NAME Nancy Del Toro STREET ADDRESS 2138 SW 6 ST #201 CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-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 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:			01/03/08 (305) 642-6337		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		