## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002555

COSCUELLA, CLAVIDIA

O'NIEL, SALVADOR DR

671 BILTMORE WAY, UNIT 502

671 BILTMORE WAY, UNIT PH

CORAL GABLES, FL 33134

() Delete

CORAL GABLES, FL 33134

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Name: BILTMORE VILLAGE CONDOMINIUM THE PEACOCK BUILDING ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	IORE WAY ABLES, FL 33	3134				
Current Mailing Address:				New Mailing Address:		
C/O CADICORP MANAGEMENT GROUP 7154-B SW 47TH STREET MIAMI, FL 33155				C/O C R MANAGEMENT & INVESTMENTS, INC. 435 SW 123 AVENUE MIAMI, FL 33184		
FEI Number	: 65-1099123	FEI Number Applied For ( )	FEI Numb	er Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	N	lame and Address of	New Registered Agent:	
CADICORP MANAGEMENT GROUP 7154-B SOUTH WEST 47TH STREET MIAMI, FLORIDA, FL 33155 US				C R MANAGEMENT & INVESTMENTS, INC. 435 SW 123 AVENUE MIAMI, FL 33184 US		
	named entity e of Florida.	submits this statement for the	purpose of o	changing its registered	office or registered agent, or both,	
SIGNATURE: JOSE R. RODRIGUEZ					04/27/2007	
	Electro	nic Signature of Registered Ag	gent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	NEBEL, ANA M	E WAY UNIT 301	A A	itle: lame: .ddress: city-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FERNANDEZ,	E WAY, UNIT 601	N A	itle: lame: .ddress: city-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DELGADO, OS	E WAY, UNIT 303	A A	itle: lame: ddress: tity-St-Zip:	( ) Change ( ) Addition	
Title:	S/D (X	() Delete	Т	îtle:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ANA MARIA NEBEL P 04/27/2007

(X) Change ( ) Addition

O'NEIL, SALVADOR DR.

671 BILTMORE WAY, UNIT PH

CORAL GABLES, FL 33134