

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 30, 2008 8:00 am  
Secretary of State**

04-30-2008 90172 004 \*\*\*\*61.25

**DOCUMENT # N01000002746**

1. Entity Name  
**HATO REY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
420 NW 12 AVENUE  
MIAMI, FL 33128

Mailing Address  
C/O PENINNSULA REAL ESTATE, INC.  
2026 S.W. 1ST #6  
MIAMI, FL 33135

2. Principal Place of Business - No P.O. Box # **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

02222008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-1110613** **Applied For**  
**Not Applicable**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, ALEJANDRO A  
C/O PENINSULA REAL ESTATE, INC.  
2026 S.W. 1 STREET, STE. 6  
MIAMI, FL 33135

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, ALEJANDRO 420 NW 12 AVENUE #22 MIAMI, FL 33128	<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	DV GONZALEZ, GERMAN 420 NW 12 AVENUE #45 MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D / UP ESCOECIA, FEDERICO 420 N.W. 12 AVE #55 MIAMI FL. 33128</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CALVO, EQUARDO 420 NW 12 AVENUE #54 MIAMI, FL 33128	<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
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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:** *Alejandro Rodriguez, President 4/28/2008 305-642-5223*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #