

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006646

FILED
Apr 02, 2007
Secretary of State

Entity Name: EL PUEBLITO, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9415 SUNSET DR
STE 149
MIAMI, FL 33173

New Principal Place of Business:

9415 SUNSET DRIVE
STE 149
MIAMI, FL 33173

Current Mailing Address:

9415 SUNSET DR
STE 149
MIAMI, FL 33173

New Mailing Address:

9415 SUNSET DRIVE
STE 149
MIAMI, FL 33173

FEI Number: 01-0612799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELONI, EDO
900 SW 40TH AVE
FORT LAUDERDALE, FL 33317 US

Name and Address of New Registered Agent:

MELONI, EDO
900 SW 40TH AVE
PLANTATION, FL 33317 US

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.

SIGNATURE: EDOARDO MELONI

04/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANANELA, ISLA
Address: 5760 W 25TH CT
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: PERAZA, DULCE
Address: 9415 SUNSET DR 149
City-St-Zip: MIAMI, FL 33173

Title: TD (X) Delete
Name: PERAZA, DULCE
Address: 5766 W. 25 CT.
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ISAL, MARIANELA
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARIANELA ISLA

PD

04/02/2007

Electronic Signature of Signing Officer or Director

Date