## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008861

FILED Jan 21, 2008 Secretary of State

Entity Name: LAS ESTRELLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 606 W. 81 STREET HIALEAH, FL 33014 **Current Mailing Address: New Mailing Address:** 8600 NW 17 STREET SUITE 145 DORAL, FL 33126 FEI Number: 71-0896645 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EISINGER, BROWN, LEWIS & FRANKEL, PA. 4000 HOLLYWOOD BLVD SUITE 265S HOLLYWOOD, FL 33021 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SIERRA, YORDANY Name: Name: 606 W. 81 STREET, APT#404 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: ( ) Delete Title: VP/D (X) Change ( ) Addition CHAVIANO, ERNESTO Name: BORGES, PATRICIA Name: Address: 666 W. 81 STREET, APT#314 Address: 666 W. 81 STREET, APT#304 City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33014 Title: T/D () Delete Title: (X) Change ( ) Addition UCANAN, JUAN A GONZALEZ, LUZ Name: Name: 606 W. 81 STREET, APT#310 666 W. 81 STREET, APT#308 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33014 Title: S/D ( ) Delete Title: () Change () Addition SANCHEZ, SERGIO O Name: Name: 606 W. 81 STREET, APT#425 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: () Delete Title: T/D (X) Change ( ) Addition GARCIA, ORLANDO MARTIN, WILFREDO Name: Name: 666 W. 81 STREET, APT#415 606 W. 81 STREET, APT#128 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33014

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.

SIGNATURE: PATRICIA BORGES VP/D 01/21/2008