## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000912

FILED Jan 16, 2007 Secretary of State

Entity Name: EL SOL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
15 86TH	ST.			
3 IIAMI BE <i>l</i>	ACH, FL 33141			
urrent N	lailing Address	<b>s:</b>	New Mailing Addres	s:
15 86TH	ST.			
3 IIAMI BE <i>l</i>	ACH, FL 33141			
El Number	: 51-0458906	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
ame and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
IENDEZ,	STAVROULA			
	STREET			
3 IAMI BE <i>l</i> he above	STREET  ACH, FL 33141  named entity so		ourpose of changing its registere	ed office or registered agent, or both,
3 IAMI BEA ne above the State	STREET  ACH, FL 33141  named entity sile of Florida.  RE:			ed office or registered agent, or both,  Date
3 IIAMI BEA he above the State	STREET  ACH, FL 33141  named entity sile of Florida.  RE:	ubmits this statement for the p	ent	
3 IIAMI BEA he above the State	STREET  ACH, FL 33141 e named entity sie of Florida.  RE: Electroni S AND DIRECT	ubmits this statement for the processing construction of Registered Age CORS:  Delete ROULA	ent	Date
3 IIAMI BEA the above the State IGNATUI  FFICER: ttle: ame: ddress:	STREET  ACH, FL 33141  e named entity size of Florida.  RE:  Electroni  S AND DIRECT  PD ()I  MENDEZ, STAVE 315-86TH ST #3  MIAMI BEACH, F	ubmits this statement for the processing construction of Registered Age CORS:  Delete ROULA S S S S S S S S S S S S S S S S S S S	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: STAVROULA MENDEZ PD 01/16/2007