## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 20, 2009 DOCUMENT# N02851 Secretary of State

Entity Name: VERSAILLES HOTEL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3425 COLLINS AVENUE MIAMI BEACH, FL 33140

**Current Mailing Address: New Mailing Address:** 

3425 COLLINS AVENUE MIAMI BEACH, FL 33140

FEI Number: 59-2399004 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:

TORRES VADILLO LLP UBIETA, RAFAEL 11402 NW 41ST STREET 8321 N.W. 12TH. STREET STE 202 DORAL, FL 33126 DORAL, FL 33178 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: RAFAEL UBIETA, ESQ 09/20/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

CARRASCO, MARCELO SUAREZ, JOSE V Name: Name: 4501 SW 129 AVENUE Address: 3425 COLLINS AVE. Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI BEACH, FL 33140

Title: Title: (X) Change ( ) Addition () Delete

Name: GARCIA, LUIS Name: FERNANDEZ, ELIZABETH Address: 19621 NW 88 AVENUE Address: 3425 COLLINS AVE. City-St-Zip: MIAMI, FL 33018 City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete Title: VPD (X) Change ( ) Addition

CHASE, BARRY GONZALEZ, JOSE Name: Name: 4775 COLLINS AVENUE, SUITE 601 3425 COLLINS AVE. Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete Title: SD (X) Change ( ) Addition

Name: GARCIA, LUIS Name: TRIANA, LUIS Address: 19621 NW 88TH AVENUE Address: 3425 COLLINS AVE. City-St-Zip: MIAMI, FL 33018 City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete Title: ( ) Change (X) Addition

RODRIGUEZ, ROQUE Name: Name: 3425 COLLINS AVE. Address: Address: MIAMI BEACH, FL 33140 City-St-Zip: City-St-Zip:

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: JOSE V. SUAREZ PD 09/20/2009