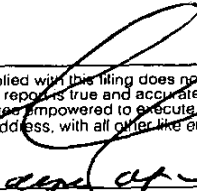


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90417 015 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000001220			
1. Entity Name ABSOLUT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 245 MICHIGAN AVE MIAMI BEACH, FL 33139		Mailing Address P.O. BOX 402507 MIAMI BEACH, FL 33140	
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
4. FEI Number 20-0897179		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPLETE PROPERTY MGMT. 3550 BISCAYNE BLVD. SUITE 401 MIAMI, FL 33137		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. PAID CK. NO. 3242 DATE 4-4-07 mailed 4-10-07 by CHS			
SIGNATURE Signature, typed or printed name of registered agent and fee, if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	P ELLIOT, TRACY 245 MICHIGAN AVENUE MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracy Elliot President 245 Michigan Ave. Miami Beach, FL ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MANHIRE, KATIE 245 MICHIGAN AVENUE MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge Pernas Vice President 245 Michigan Ave. Miami Beach, FL ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERNAS, JORGE A 245 MICHIGAN AVENUE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Manhire (Director) 245 Michigan Ave Miami Beach, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Veronica Benzel (Director) 245 Michigan Ave Miami Beach, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 3/29/07 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			