


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000008827 1. Entity Name 747 PONCE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 747 PONCE DE LEON BLVD STE 612 CORAL GABLES FL 33134	Mailing Address 747 PONCE DE LEON BLVD STE 612 CORAL GABLES FL 33134
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	4. FEI Number 75-3136187
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACIA, SERGIO 747 PONCE DE LEON BLVD STE 612 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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.

SIGNATURE _____	(NOTE: Registered Agent's signature must be filed when changing)	DATE _____
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FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD MACIA, SERGIO <input type="checkbox"/> Delete STREET ADDRESS 747 PONCE DE LEON BLVD STE 612 CITY-ST-ZIP CORAL GABLES FL 33134
TITLE	VS VILANOVA, SALVADOR <input type="checkbox"/> Delete STREET ADDRESS 747 PONCE DE LEON BLVD STE 612 CITY-ST-ZIP CORAL GABLES FL 33134
TITLE	S ERACERAS, WILFRED <input type="checkbox"/> Delete STREET ADDRESS 747 PONCE DE LEON BLVD, STE 612 CITY-ST-ZIP CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000932406
STREET ADDRESS	02/27/08-80057-020 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

2/13/08 305-492-7090