2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010436

FILED Jul 08, 2004 Secretary of State

Entity Name: ALHAMBRA GARDENS VII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5325 W. 26 AVENUE, #4 HIALEAH, FL 33016 **Current Mailing Address: New Mailing Address:** 5325 W. 26 AVENUE, #4 HIALEAH, FL 33016 FEI Number: 20-1337872 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: SANCHEZ, JUAN A ESQ FERRUFINO, THOMAS DP 10251 SUNSET DRIVE, SUITE A-106 5325 WEST 26 AVENUE SUITE 4 MIAMI, FL 33173 US HIALEAH, FL 33016 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: THOMAS FERRUFINO 07/08/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FERRUFINO, THOMAS Name: Name: 5325 W. 26 AVENUE, #4 Address: Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: TORRES, EDWARD Name: Address: 5305 W. 26 AVENUE, #8 Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: Title: () Delete Title: () Change () Addition BACA, SILVIO Name: Name: 5305 W. 26 AVENUE, #3 Address: Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: RAMOS, MARIELA Name: Address: 5305 W. 26 AVENUE, #10 Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD TORRES DVP 07/08/2004