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

FILED Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # N03661 1. Entity Name EL POLO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 401 SW 109 AVNEUE 3505 S OCEAN DRIVE **MIAMI FL 33174** HÖLLYWOOD FL 33019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2797083 Not Applicable Ζιp Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESTEVEZ, AIDA Street Address (P.O. Box Number is Not Acceptable) 3505 SOUTH OCEAN DRIVE SUITE 31 HOLLYWOOD FL 33019 City 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 SIGNATURE Similare tand the discretions of (NOTE: Bog stered Agent signature (equired when registating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees ngg phographical de ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Change Addition ESTEVEZ, AIDA NAME NAME 3505 SOUTH OCEAN DRIVE STE 3A STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY ST-7fP CITY - ST - ZIP TITLE Delete TITLE ☐ Addition LADNER, ANALIA DAME LIAME 3505 SOUTH OCEAN DRIVE STE 3A STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE Delete TITLE Change Contibba 1 ESTEVEZ, ULISES NAME NAME 3505 SOUTH OCEAN DRIVE STE 3A STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY - ST - ZIP CITY-ST-ZiP TITLE Delete BHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ACCIPESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS

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

CITY-ST-70

SIGNATURE:

CITY-ST-ZIP

Alex

4/21/08 954.927.8911