2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

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FII ED DOCUMENT # N04000000359 08 JUN 30 PM 1: 35 GRAND PALAZZO CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2929 SW 3RD AVE C/O AMPREX PROPERTY MANAGEMENT SUITE 520 10250 S.W. 56 STREET MIAMI, FL 33129 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20-2739424 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONGORA, MICHAEL C BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Treasurer/acretary TITLE X Delete TILLE **A** Change __ Addilion NAME CARNEADO, CHRIS NAME Radriquez, Cyuthia Suite 102 STREET ADDRESS 3101 S.W. 27TH AVE., SUITE 102 STREET ADDRESS 27 AVE. 3101 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP liami, FL THLE president ☐ Delete TITLE Addition RODRIGUEZ, CYNTHIA NAME NAME Kamireddy, Khait STREET ADDRESS 3101 S.W. 27TH AVE., SUITE 102 STREET ADDRESS 3101 SH ST AVE, Suite 102 CITY-ST-7IP MIAMI, FL 33133 CITY-ST-ZIP liami, Fr 33133 MILE ☐ Delete TITLE Change Addition ____ KAMIREDDY, CHAIT NAME NAME 500133004595 07/16/08--01016--010 **61 STREET ADDRESS 3101 S.W. 27TH AVE., SUITE 102 STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Delete TALE Change Addition _____ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delele __ Change ___ Additiog NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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 any address, with at other life empowered. changed, or on an attachment w

CER DISSIRECTOR

Date