

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

**FILED  
Jan 29, 2007  
Secretary of State**

DOCUMENT# N04000008062

**Entity Name:** CONSULATE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5855 AMERICAN WAY  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5855 AMERICAN WAY  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-1540674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUARTE, NORBERTO  
5855 AMERICAN WAY  
ORLANDO, FL 32819      US

**Name and Address of New Registered Agent:**

DUARTE, NORBERTO R  
5855 AMERICAN WAY  
ORLANDO, FL 32819      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: NORBERTO DUARTE      01/29/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DPT      ( ) Delete  
Name: DUARTE, NORBERTO R  
Address: 7751 KINGSPONTE PKWY SUITE 127  
City-St-Zip: ORLANDO, FL 32819

Title: VP      ( ) Delete  
Name: RODRIGUES, MARCIO  
Address: 7751 KINGSPONTE PKWY # 127  
City-St-Zip: ORKANDO, FL 32819

Title: SD      ( ) Delete  
Name: BRAGA, MARIO  
Address: 7751 KINGSPONTE PKWY # 127  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT      (X) Change ( ) Addition  
Name: DUARTE, NORBERTO R  
Address: 5855 AMERICAN WAY  
City-St-Zip: ORLANDO, FL 32819

Title: VP      (X) Change ( ) Addition  
Name: BRAGA, MARIO  
Address: 5855 AMERICAN WAY  
City-St-Zip: ORKANDO, FL 32819

Title: SD      (X) Change ( ) Addition  
Name: ANDRADE, MAIRA  
Address: 5855 AMERICAN WAY  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NORBERTO DUARTE      PTD      01/29/2007  
Electronic Signature of Signing Officer or Director      Date