

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DUARTE, NORBERTO R  
5855 AMERICAN WAY  
ORLANDO, FL 32819    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PTD

05/01/2008

\_\_\_\_\_ Date