


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90002 027 \*\*\*\*70.00

<b>DOCUMENT # N04000010408</b>	
1. Entity Name <b>PEBBLEBROOK II HOA, INC.</b>	

Principal Place of Business <b>M &amp; E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175</b>	Mailing Address <b>M &amp; E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-1834816</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SKRLD, INC. 201 ALHAMBRA CIRCLE 1102 CORAL GABLES, FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRER, MARIA 900 NE 41 AVENUE HOMESTEAD, FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSSELL T Jones 1033 NE 41 AVENUE HOMESTEAD, FL 33033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OCHOA, ISABEL 1232 NE 41 AVENUE HOMESTEAD, FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Isabel Ochoa 1232 NE 41 Avenue Homestead, FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUIZ, ERIKA 1160 NE 41 TERRACE HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Darosh Husband 1131 NE 41 Avenue Homestead, FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSBAND, DAROSH 1131 NE 41 AVENUE HOMESTEAD, FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAFT, DAVID 1075 NE 41 AVENUE HOMESTEAD, FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

<b>SIGNATURE:</b> _____	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	Date <b>5/5/08</b>	Daytime Phone # _____
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