2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012004

FILED Sep 05, 2007 Secretary of State

Entity Name: MIDTOWN CONDOMINIUM ON 62 STREET ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

536 NE 62 ST MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

19 W. FLAGLER ST 7700 NORTH KENDALL DRIVE

 SUITE 1020
 SUITE 802

 MIAMI, FL 33130
 MIAMI, FL 33156

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

SMITH, GARY V
1230 NW 7 STREET
MIAMI, FL 33125 US
CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
SUITE 802 / PH-2
MIAMI, FL 33156 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: CADICORP MANAGEMENT GROUP 09/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PTD (X) Change () AdditionName:NICOLEAU, MICHAELName:HERNANDEZ, LISAAddress:19 W. FLAGLER ST SUITE 1020Address:536 NORTH EAST 62ND STREET

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33138

Title: VD () Delete Title: VPSD (X) Change () Addition

Name: TRAKTMAN, GERALD Name: MARQUEZ, SANDRA

Address: 19 W. FLAGLER ST. SUITE 1020 Address: 13363 SOUTH WEST 142ND TERRACE

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33186

Title: 2VD (X) Delete Title: () Change () Addition Name: GLASMAN, PHIL Name:

Address: 19 W. FLAGLER ST. SUITE 1020 Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

 Name:
 GRINBERG, RICARDO
 Name:

 Address:
 19 W. FLAGLER ST. SUITE 1020
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 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: LISA HERNANDEZ PD 09/05/2007