2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010051

FILED Jan 07, 2008 Secretary of State

Entity Name: FICUS VILLAS CONDOMINIUM ASSOCIATION, INC.

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

10511 NORTH KENDALL DRIVE 305 ALCAZAR AVE

SUITE C 205 SUITE 3

MIAMI, F 33176 US CORAL GABLES, F 33134 US

Current Mailing Address: New Mailing Address:

P.O. BOX 520682 305 ALCAZAR AVE

MIAMI, FL 33152 SUITE 3

CORAL GABLES, FL 33134 US

FEI Number: 20-3553616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MACHADO, LUIS MACHADO, LUIS 10511 NORTH KENDALL DRIVE 305 ALCAZAR AVE

SUITE C 205 SUITE 3

MIAMI, FL 33176 US CORAL GABLES, FL 33134 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: 01/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 MACHADO, LUIS
 Name:
 MACHADO, LUIS

 Address:
 P.O. BOX 520682
 Address:
 305 ALCAZAR AVE SUITE 3

 City-St-Zip:
 MIAMI, FL 33152
 City-St-Zip:
 CORAL GABLES, FL 33134 US

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

 Name:
 MACHADO, ANA M
 Name:
 MACHADO, ANA M

 Address:
 P.O. BOX 520682
 Address:
 305 ALCAZAR AVE SUITE 3

Address: P.O. BOX 520682 Address: 305 ALCAZAR AVE SUITE 3
City-St-Zip: MIAMI, FL 33152 City-St-Zip: CORAL GABLES, FL 33134 US

Title: S () Delete Title: S (X) Change () Addition
Name: BENITEZ, JUNARDA P Name: BENITEZ, JUNARDA P

Address: P.O. BOX 520682 Address: 305 ALCAZAR AVE SUITE 3
City-St-Zip: MIAMI, FL 33152 City-St-Zip: CORAL GABLES, FL 33134 US

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: LUIS MACHADO P 01/07/2008