

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012134

FILED
Sep 06, 2008
Secretary of State

Entity Name: 3190 MATILDA STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3190 MATILDA STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3190 MATILDA STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

LATHAM, EDUARDO
3190 MATILDA STREET
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SONIA, KARAM
3190 MATILDA STREET
MIAMI, FL 33133 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: SONIA KARAM

09/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LATHAM, EDUARDO
Address: 3190 MATILDA STREET
City-St-Zip: MIAMI, FL 33133

Title: VPTD () Delete
Name: NOBLE, DIANE
Address: 3190 MATILDA STREET
City-St-Zip: MIAMI, FL 33133

Title: SD () Delete
Name: LATHAM, BARBARA
Address: 3190 MATILDA STREET
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KARAM, SONIA
Address: 3190 MATILDA STREET
City-St-Zip: MIAMI, FL 33133

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

Title: SD (X) Change () Addition
Name: KARAM, ALVARO
Address: 3190 MATILDA STREET
City-St-Zip: MIAMI, FL 33133

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: SONIA KARAM

PD

09/06/2008

Electronic Signature of Signing Officer or Director

Date