

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003636

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** PORTO ALEGRE CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

150 S.E. 2ND AVE.  
SUITE 807  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 S.E. 2ND AVE.  
SUITE 807  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

FERNANDEZ VALLE, MARIA  
10570 N.W. 27TH STREET  
UNIT 103  
MIAMI, FL 33172 US

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

FERNANDEZ VALLE, MARIA  
3750 N.W. 87TH AVE.  
UNIT 100  
MIAMI, FL 33178 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:

04/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTINEZ, MAURICIO  
Address: 150 S.E. 2ND AVE., SUITE 807  
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete  
Name: MALABET, JOSE  
Address: 150 S.E. 2ND AVE., SUITE 807  
City-St-Zip: MIAMI, FL 33131

Title: T ( ) Delete  
Name: SARABIA, CARLOS  
Address: 150 S.E. 2ND AVE., SUITE 807  
City-St-Zip: MIAMI, FL 33131

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS SARABIA

T

04/10/2007

Electronic Signature of Signing Officer or Director

Date