2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** DOCUMENT # N06000003840 . Sep 11, 2008 08:00 AM Secretary of State LATIN QUARTER COMMERCIAL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1699 CORAL WAY SUITE 302 1699 CORAL WAY SUITE 302 MIAMI, FL 33145 MIAMI, FL 33145 06052008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-1144566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, ANITA DO NOT WRITE 1699 CORAL WAY SUITE 302 MIAMI, FL 33145 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by September 12, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RODRIGUEZ TEJERA, ANITA 1699 CORAL WAY SUITE 302 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 TETLE DVPT 000000959518 09/11/08-80004-013 70.00 RODRIGUEZ-NASSIER, JANET NAME STREET ADDRESS 1699 CORAL WAY SUITE 302 CITY-ST-ZIP MIAMI, FL 33145 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 supplied in the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or further many properties 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 enyaddens, with all other like empowered.

11/1/4/1/1

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/08

305-857-2547