

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 10, 2007
Secretary of State

DOCUMENT# N06000005915

Entity Name: FLORINDA ESTATE HOA, INC.

Current Principal Place of Business:16260 NW 84TH PLACE
MIAMI LAKES, FL 33016 US**New Principal Place of Business:**8766 NW 139 STREET
MIAMI LAKES, FL 33018 US**Current Mailing Address:**16260 NW 84TH PLACE
MIAMI LAKES, FL 33016 US**New Mailing Address:**8766 NW 139 STREET
MIAMI LAKES, FL 33018 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:MENENDEZ, PIEDAD
16260 NW 84TH PLACE
MIAMI LAKES, FL 33016 US**Name and Address of New Registered Agent:**FARIAS, MIGUEL J
8766 NW 139 STREET
MIAMI LAKES, FL 33018 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: MIGUEL J. FARIAS

09/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PS () Delete
Name: MENENDEZ, PIEDAD
Address: 16260 NW 84TH PLACE
City-St-Zip: MIAMI LAKES, FL 33016 USTitle: VP () Delete
Name: MENENDEZ, JOSE A
Address: 16260 NW 84TH PLACE
City-St-Zip: MIAMI LAKES, FL 33016 USTitle: TVP () Delete
Name: MENENDEZ, JUAN M
Address: 16260 NW 84TH PLACE
City-St-Zip: MIAMI LAKES, FL 33016 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: FARIAS, MIGUEL J
Address: 8766 NW 139 STREET
City-St-Zip: MIAMI LAKES, FL 33018 USTitle: VP (X) Change () Addition
Name: MENDEZ, ROLDAN R
Address: 8766 NW 139 STREET
City-St-Zip: MIAMI LAKES, FL 33018 USTitle: S (X) Change () Addition
Name: DOBRILLA, JHON H
Address: 8766 NW 139 STREET
City-St-Zip: MIAMI LAKES, FL 33018 USTitle: T () Change (X) Addition
Name: CHAIDEZ, LUIS
Address: 8766 NW 139 STREET
City-St-Zip: MIAMI LAKES, FL 33018 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: MIGUEL J. FARIAS

P

09/10/2007

Electronic Signature of Signing Officer or Director

Date