FILED Apr 02, 2007 8:00 am Secretary of State 03-19-2007 90089 005 ****61.25

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Absorption to Elevation BIVD CORAL GABLES, FL 33146 The Continental Group Inc 11981 SW 144 CL Stc 201 **Allocing Place of Business - No P.O. Box #	DOCUMENT # N06000010326 1. Entity Name MEDITERRANEA (MIAMI) CONDOMINIUM ASSOCIATION, INC.										
2. Principal Place of Business - No P.O. Box # 1. Musting Address Suite, Apt. 1, etc. Soute, Apt. 1, etc. South Apt. 1,	4535 PONCE DE LEON BLVD The CORAL GABLES, FL 33146 119		Continental Group Inc 81 SW 144 Ct Ste 201				li edisk kiri saka i	-	ingi de Feri		
City & State Country S. Certificate of Status Desired \$ \$ 75 Additional To Anome and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADRON, CARLOS 2 ALHAMBRA PLAZA, SUITE 860 CORAL, GABLES, FL 33134 City City FL Ziro Code 8. The above named onety submits this statement for the purpose of changing fits registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent with, and accept the obligation of registered agent, or both, in the State of Florida. In an familiar with, and accept the obligation of registered agent, or both, in the State of Florida Department of State Filling Fee is \$51,25 Due by May 1, 2027 State accept agent, or both, in the State of Florida Department of State Filling Fee is \$51,25 Due by May 1, 2027 In ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 In ADDITIONS/CHANGES TO OFFICERS AND DIRECT	2. Principal P										
20 Country Zo Country S. Certificate of Status Desired \$8.75 Additional Fire Required \$1.75 Additional Fire Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072007 _C	hg-NP	CR2E037 (12/06)			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of Nor Registered Agent City FL ZG Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the dodgations of registered agent. SIGNATURE Filling Fee is \$51.25 Dee by files 1, 2007 B. Electon Companign Financing Trust Fund Continuotion. Address fee B. Florida Department of State Filling Fee is \$51.25 Dee by files 1, 2007 B. Electon Companign Financing Trust Fund Continuotion. Address fees B. Florida Department of State Filling Fee is \$51.25 Dee by files 1, 2007 B. Electon Companign Financing Trust Fund Continuotion. Address fees B. Florida Department of State Filling Fee is S51.25 Dead Space of Fees B. And DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IV III. MAKE MILE MANUEL SPACE LEON BLVD ORN-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE AND DIRECTORS IV III. MAKE AND DIRECTORS IV III. MAKE SIRET ADDRESS 4535 PONCE DE LEON BLVD ORN-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE MILE MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS GIT-SI-DP CORAL GABLES, FL 33146 Deads INCL MAKE SIRET ADDRESS	City & State		City & State			4. FEI Number	o-5664	238			
PADRON, CARLOS 2. ALHAMBERA PLAZA, SUTTE 860 CORAL GABLES, FL 33134 Enter above named emity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with a lamit accept and accept the state of Florida. I am lamitar with a lamit accept and accept the state of Florida. I am lamitar accept and accept the state of Florida. I am lamitar accept and ac	Zip	Country	Zip	Country		1		\$8	.75 Add	titional	
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B. The above numed entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Common	CORAL GA	ABLES, FL 33134					_		·		
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