

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 04, 2009
Secretary of State

DOCUMENT# N06000010326

Entity Name: MEDITERRANEA (MIAMI) CONDOMINIUM ASSOCIATION, INC**Current Principal Place of Business:**117 N.W. 42 AVE
MANAGEMENT OFFICE
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**11981 SW 144 CT
SUITE 201
MIAMI, FL 33186**New Mailing Address:****FEI Number:** 20-5664238**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARS, GARY
150 WEST FLAGLER ST
MIAMI, FL 33130 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, BRAULIO
Address: 3725 S OCEAN DR #608
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: ACOSTA, KELVIN
Address: 117 N.W. 42 AVE #1408
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: ATICK, GEORGE
Address: 117 N.W. 42 AVE #615
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: VALDEZ, ALBERTO
Address: 117 N.W. 42 AVE #1113
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: PEREIRO-FERNANDEZ, OLGA
Address: 117 NW 42 AVE #708
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GEROSA, JOSE L
Address: 117 NW 42 AVE APT 1111
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Change () Addition
Name: OLIVERA, GERARDO
Address: 5226 MAGNOLIA PLACE
City-St-Zip: SEBRING, FL 33872

Title: T (X) Change () Addition
Name: PLA, SEGUNDO
Address: 117 N.W. 42 AVE #1105
City-St-Zip: MIAMI, FL 33126

Title: S (X) Change () Addition
Name: ATICK, GEORGE
Address: 117 N.W. 42 AVE #615
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: VALERO, LAZARO
Address: 117 NW 42 AVE #705
City-St-Zip: MIAMI, FL 33126

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: SANDRA OROZCO

PM

05/04/2009

Electronic Signature of Signing Officer or Director

Date