2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010428

FILED Jan 28, 2009 Secretary of State

Entity Name: CATALONIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2425 SW 27TH AVE MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

2425 S.W. 27TH AVENUE 2425 SW 27TH AVE MIAMI, FL 33145 MIAMI, FL 33145

FEI Number: 90-0333955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MIRIAM, CARDET 2425 S.W. 27TH AVENUE, PH-1404 MIAMI, FL 33145 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:

- Flateria Circulus I Davidoud Acad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DD () Delete Name: ALVAREZ, MARIA A

Address: 2425 S.W. 27TH AVENUE #1101

City-St-Zip: MIAMI, FL 33145

Title: VD () Delete Name: MADELAINE, MUNITTA

Address: 7277 SUNSET DRIVE City-St-Zip: MIAMI, FL 33143

Title: STD () Delete

Name: GALDO, SUNNY Address: 2742 SW 8TH ST., SUITE 21

City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: ALVAREZ, MARIA A

Address: 2425 S.W. 27TH AVENUE #1101

City-St-Zip: MIAMI, FL 33145

Title: VPD (X) Change () Addition

Name: GOMEZ, ARTURO

Address: 2425 S.W. 27TH AVENUE #706

City-St-Zip: MIAMI, FL 33145

Title: STD (X) Change () Addition

Name: PEREZ, MANUEL

Address: 2425 S.W. 27TH AVENUE, #903

City-St-Zip: MIAMI, FL 33145

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: MARIA A. ALVAREZ PD 01/28/2009