2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010721

FILED May 07, 2007 Secretary of State

Entity Nai	me: 3061 OHIO STREET CONDOMINIUM ASSO	CIATION, INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
2030 DOU SUITE 202	IGLAS ROAD	
	ABLES, FL 33134	
Current M	lailing Address:	New Mailing Address:
SUITE 202	IGLAS ROAD 2 ABLES, FL 33134	
FEI Number: In accordan	: FEI Number Applied For (X) FE ice with s. 607.193(2)(b), F.S., the corporation did not rece	I Number Not Applicable () Certificate of Status Desired () sive the prior notice.
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
DE LA CAL, MARCO ESQUIRE 999 PONCE DE LEON BOULEVARD SUITE 720 CORAL GABLES, FL 33134 US		MARCO DE LA CAL, P.A. 999 PONCE DE LEON BOULEVARD SUITE 720 CORAL GABLES, FL 33134 US
	named entity submits this statement for the purpo e of Florida.	se of changing its registered office or registered agent, or both,
SIGNATU	RE: MARCO DE LA CAL	05/07/2007
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete RAMIREZ, RAFAEL (RALPH) 2030 DOUGLAS ROAD, SUITE 202 CORAL GABLES, FL 33134	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPTD () Delete GARCIA, JESUS 2030 DOUGLAS ROAD, SUITE 202 CORAL GABLES, FL 33134	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete GONZALEZ, NIVALDO JR. 2030 DOUGLAS ROAD, SUITE 202 CORAL GABLES, FL 33134	Title: () Change () Addition Name: Address: City-St-Zip:

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: RAFAEL (RALPH) RAMIREZ PD 05/07/2007