


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State


DOCUMENT # N06101

1. Entity Name
MARINA LAKES COMMERCIAL CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business 4850 S.W. 72 AVENUE MIAMI, FL 33155	Mailing Address 4850 S.W. 72 AVENUE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2516295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CERVANTES, PATRICIO
 4850 S.W. 72 AVENUE
 MIAMI, FL 33155

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZEDON, GADALA
STREET ADDRESS	7132 SW 47TH ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	SINGER, BRIAN
STREET ADDRESS	2 GROVE ISLE DRIVE 806
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	SOZA, SERAFIN
STREET ADDRESS	4868 SW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000748300
 05/17/07-80062-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #