2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State
04-14-2008 90062 004 ****61.25

DOCUMENT # N07000005172

1. Entity Name
LAS PALMAS CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business	Mailing Address
7270 NW 12TH STREET PH-1 MIAMI, FL 33126	7270 NW 12TH STREET PH-1 MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

000003034

03252008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0563575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRODIE, SIDNEY Z GATEWAY TITLE COMPANY 7270 NW 12 STREET, PH-1 MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2008

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

Make Check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOURIZ, REINALDO 10 NW 42 AVE 7TH FLOOR MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOURIZ, REINALDO J 3530 SW 22ND ST. SUITE 918 MIAMI, FL 33145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PUIG, ENRIQUE 10 NW 42 AVE 7TH FLOOR MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PUIG, ENRIQUE 3530 SW 22ND ST. SUITE 918 MIAMI, FL 33145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDD MOURIZ, MIGUEL 10 NW 42 AVE 7TH FLOOR MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDD MOURIZ, MIGUEL 3530 SW 22ND ST. SUITE 918 MIAMI, FL 33145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-9-08 305-8671577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #