## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009266

FILED Apr 24, 2008 Secretary of State

Entity Name: BELLA VISTA PALACE III CONDOMINIUM ASSOCIATION, INC.

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

1638 SW 3RD ST. 1529 NW 1ST STREET MIAMI, FL 33135 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

 1638 SW 3RD ST.
 1529 NW 1ST STREET

 MIAMI, FL 33135
 MIAMI, FL 33125

FEI Number: 80-0163284 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:

 MONTES, ANTONIO
 MONTES, ANTONIO

 1638 SW 3RD ST.
 1529 NW 1ST STREET.

 MIAMI, FL 33135 US
 MIAMI, FL 33125 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: ANTONIO MONTES 04/24/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CARDENAS, NICOLAS

 Name:
 CARDENAS, NICOLAS

 Address:
 1638 SW 3RD ST.
 Address:
 1529 NW 1ST STREET

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 MIAMI, FL 33125

Title: VD ( ) Delete Title: SD (X) Change ( ) Addition Name: HENRIQUEZ, DANTON Name: MONTES, ANTONIO

 Name
 Indicates
 Ind

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 MONTES, ALEXANDER
 Name:
 MONTES, ALEXANDER

 Address:
 1638 SW 3RD ST.
 Address:
 1529 NW 1ST STREET

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 MIAMI, FL 33125

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: ANTONIO MONTES SD 04/24/2008