

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2009  
Secretary of State**

DOCUMENT# N07000010372

Entity Name: VENETO IN MIRAMAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18503 PINES BLVD.  
SUITE 211  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18503 PINES BLVD.  
SUITE 211  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 33-1195723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SANCHEZ, GABRIEL M ESQ.  
7245 SW 87 AVE.  
#400  
MIAMI, FL 33173 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REMOS, ALEJANDRO  
Address: 18501 PINES BLVD. SUITE 107  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete  
Name: MEDINA, PETER  
Address: 18503 PINES BLVD. SUITE 211  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete  
Name: CHINCHILLA, ALBERTO  
Address: 18501 PINES BLVD. SUITE 107  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MEDINA, PETER

VD

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date