

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004165

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** DIAMOND CONDOMINIUM ASSOCIATION OF MIAMI, INC.

**Current Principal Place of Business:**

6800 SW 40 STREET SUITE 266  
MIAMI, FL 33155

**New Principal Place of Business:**

5600 NW 6 ST  
MIAMI, FL 33126

**Current Mailing Address:**

6800 SW 40 STREET SUITE 266  
MIAMI, FL 33155

**New Mailing Address:**

2451 BRICKELL AV, #3-S  
MIAMI, FL 33129

**FEI Number:** 26-2561018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESQUIRE CORPORATE SERVICES, INC.  
10 NW LEJEUNE ROAD SUITE 500  
MIAMI, FL 33126 US

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

MILANES, CAROLINA  
2451 BRICKELL AV, #3-S  
MIAMI, FL 331 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: CAROLINA MILANES

04/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBAU, RAOUL  
Address: 6800 SW 40 STREET SUITE 266  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: MILANES, CAROLINA  
Address: 6800 SW 40 STREET SUITE 266  
City-St-Zip: MIAMI, FL 33155

Title: TD ( ) Delete  
Name: PRATTS, GEORGINA  
Address: 6800 SW 40 STREET SUITE 266  
City-St-Zip: MIAMI, FL 33155

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

Title: PD (X) Change ( ) Addition  
Name: ROBAU, RAOUL  
Address: 3239 W. TRADE AV, #8  
City-St-Zip: MIAMI, FL 33134

Title: SD (X) Change ( ) Addition  
Name: MILANES, CAROLINA  
Address: 2451 BRICKELL AV, #3-S  
City-St-Zip: MIAMI, FL 33129

Title: TD (X) Change ( ) Addition  
Name: PRATTS, GEORGINA  
Address: 1400 SALZEDO ST  
City-St-Zip: CORAL GABLES, FL 33134

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: CAROLINA MILANES

S/D

04/02/2009

Electronic Signature of Signing Officer or Director

Date