2007

changed, or on an

SIGNATURES

CORPORATION

Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N11000004269 01-16-2007 90261 016 ***150.00 7711 DICKENS AVE., CONDOMINIUM, INC. Mailing Address Principal Place of Business JUUUV~~~ 7711 DICKENS AVE 7711 DICKENS AVE APT 4 APT 4 US MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address ckens Aue Suite, Apt. #, etc. Suite, Apt. #, etò CR2E034 (12/06) 01102007 Applied For 4. FEI Number 12-6440571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Modica Davil) IBOLYA, FILEP K Street Address (P.O. Box Number is Not Acceptable) 7711 DICKENS AVE APT 4 Αυρ MIAMI BEACH, FL 33141 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ■ Addition PD Delete TITLE TITLE NAME MODIA, DAVID NAME STREET ADDRESS STREET ADDRESS 7711 DICKENS AVE #2 CITY-ST-ZIP MIAMI BCH., FL 33141 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME HOMBERTO, CABALLERO NAME STREET ADDRESS STREET ADDRESS 7711 DICKENS AVE #3 CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH., FL 33141 ☐ Change ■ Addition ☐ Delete DHE TITLE IBOLYA, FILEP K. NAME MAME STREET ADDRESS STREET ADDRESS 7711 DICKENS AV 4 CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP Addition VPD ☐ Delete TITLE TITLE HILLDA MODIA Hilda modiu NAME NAME STREET ADDRESS STREET ADDRESS 7711 Dickens Auf #1 CITY-ST-ZIP CITY-ST-ZIP miami Beach ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date