


2008 CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N11000004269 1. Entity Name 7711 DICKENS AVE., CONDOMINIUM, INC.	
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Principal Place of Business 7711 DICKENS AVE SUITE 2 MIAMI BEACH, FL 33141 US	Mailing Address 7711 DICKENS AVE SUITE 2 MIAMI BEACH, FL 33141 US
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DO NOT WRITE IN THIS SPACE

01142008	CR2E034 (11/05)
4. FEI Number 12-6440571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MODIA, DAVID
 7711 DICKENS AVE
 SUITE 2
 MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODIA, DAVID 7711 DICKENS AVE #2 MIAMI BCH., FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOMBERTO, CABALLERO 7711 DICKENS AVE #3 MIAMI BCH., FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IBOLYA, FILEP K. 7711 DICKENS AV 4 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MODIA, HILDA 7711 DICKENS AVE SUITE 1 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000793253
 01/25/08-80001-017 150.00

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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 changed, or on an attachment with an address with all other the empowered.

SIGNATURE: *David Modia* Date: 1-14-08 Daytime Phone #: 305-861-8615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR