CORPORATION ANNUAL REPORT

FILED Jan 14, 2009 Secretary of State

DOCUMENT# N11000004269

Entity Name: 7711 DICKENS AVE., CONDOMINIUM, INC.

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

7711 DICKENS AVE

SUITE 2

MIAMI BEACH, FL 33141 US

New Mailing Address: Current Mailing Address:

7711 DICKENS AVE SUITE 2

MIAMI BEACH, FL 33141 US

FEI Number: 12-6440571 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:

MODIA, DAVID 7711 DICKENS AVE SUITE 2

MIAMI BEACH, FL 33141 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:

City-St-Zip:

City-St-Zip:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete

MODIA, DAVID Name:

7711 DICKENS AVE #2 Address: City-St-Zip: MIAMI BCH., FL 33141

Title: VPD () Delete HOMBERTO, CABALLERO Name: 7711 DICKENS AVE #3 Address: MIAMI BCH., FL 33141

() Delete Title: VPD IBOLYA, FILEP K., Name: 7711 DICKENS AV 4 Address:

Title: VPD () Delete

MODIA, HILDA Name: Address: 7711 DICKENS AVE SUITE 1 City-St-Zip: MIAMI BEACH, FL 33141

MIAMI BEACH, FL 33141

Title: (X) Change () Addition

Name: MODIA, DAVID

7711 DICKENS AVE #2 Address:

City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD (X) Change () Addition

Name: HOMBERTO, CABALLERO 7711 DICKENS AVE #3 Address: MIAMI BEACH, FL 33141 City-St-Zip:

Title: (X) Change () Addition VPD

IBOLYA, FILEP K., Name: 7711 DICKENS AVE #4 Address: City-St-Zip: MIAMI BEACH, FL 33141

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MODIA PD 01/14/2009