

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33234

FILED
Apr 30, 2008
Secretary of State

Entity Name: MAJORCA PLAZA CONDOMINIUM 2 ASSOCIATION, INC.

Current Principal Place of Business:

6925 NW 42ND ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6925 NW 42ND ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0243575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINE, STEVE
900 SOUTH STATE RD 7
PLANTATION, FL 33317 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: URIBARRI JOSE R.,
Address: 49 MAJORCA AVE. #201
City-St-Zip: CORAL GABLES, FL

Title: DV () Delete
Name: GRANDA MAGDA,
Address: 49 MAJORCA AVE #203
City-St-Zip: CORAL GABLES, FL

Title: T () Delete
Name: FLOREZ, DELIA
Address: 49 MAJORCA AVE #402
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: RAMOS, DALIDA
Address: 49 MAJORCA AVE #204
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BEAUPERTHUY, DELIA
Address: 49 MAJORCA AVE #503
City-St-Zip: CORAL GABLES, FL

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:

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: JOSE R URIBARRI

PD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date