

# 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