

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33234

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** MAJORCA PLAZA CONDOMINIUM 2 ASSOCIATION, INC.

**Current Principal Place of Business:**

49 MAJORCA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GUARANTEE MANAGEMENT SERVICE  
6925 N.W. 42ND STREET  
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:**

FEIN, STEVEN  
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: DP  
Name: URIBARRI, JOSE R  
Address: 49 MAJORCA AVE. #201  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVPT  
Name: GRANDA, MAGDA  
Address: 49 MAJORCA AVE #203  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D  
Name: BEAUPERTHUY, DELIA  
Address: 49 MAJORCA AVENUE, # 503  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: RUIZ, JOSEPH A  
Address: 49 MAJORCA AVENUE, #404  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: URIBARRI JOSE

DP

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date