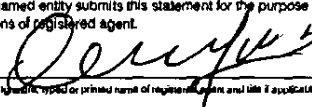
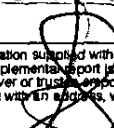


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90194 009 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00000000

DOCUMENT # N50849			
1. Entity Name EL CABRIALES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1305 W 44 PLACE HIALEAH, FL 33012		Mailing Address AMERICAN MANAGEMENT REALTY 2011 W 62 ST. HIALEAH, FL 33016	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8053 NW 155 ST Suite, Apt. #, etc.	
City & State MIAMI LAKES FL		4. FEI Number 65-0365437 Applied For ☐ Not Applicable	
Zip 33016		Country U.S.A	
5. Name and Address of Current Registered Agent HERNANDEZ, HENRY 2011 W 62 STREET HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name YEAR ROUND MANAGEMENT CO Street Address (P.O. Box Number is Not Acceptable) 8053 NW 155 ST City MIAMI LAKES FL Zip Code 33016	
6. 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  DATE 04/10/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when certifying.)			
FILE NOW: FEE IS \$501.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GONZALEZ, JACK 1305 W 44 PLACE #207 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete ☐ Change ☒ Addition P JOSE GARCIA 1305 W 44 PL APT 107 HIALEAH FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MENEDEZ, EMMA 1305 W 44 PLACE #204 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete ☐ Change ☒ Addition S Dalia Valdes 1305 W 44 PL APT 105 HIALEAH FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD ZAMORA, MARIA DEL PILAR 1305 W 44 PLACE #103 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete ☐ Change ☒ Addition J JOSE E. Soto 1305 W 44 PL APT 201 HIALEAH FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.			
SIGNATURE: 		04-14-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	