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)

DOCUMENT # N50849

1. Entity Name
EL CABRIALES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1305 W 44 PLACE HIALEAH, FL 33012	AMERICAN MANAGEMENT REALTY 2011 W 62 ST. HIALEAH, FL 33016

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8053 NW 155 ST Suite, Apt. #, etc.
City & State	City & State: Miami Lakes FL
Zip / Country	Zip: 33016 / Country: U.S.A

4. FEI Number: 65-0365437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, HENRY 2011 W 62 STREET HIALEAH, FL 33016	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

8. 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 _____ 04/10/07
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | Make Check Payable to Florida Department of State

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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jose Garcia 1305 W. 44 PL APT 107 Hialeah FL 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MENEDEZ, EMMA 1305 W 44 PLACE #204 HIALEAH, FL 33012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Dalia Valdes 1305 W 44 PL Apt. 105 Hialeah FL 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZAMORA, MARIA DEL PILAR 1305 W 44 PLACE #103 HIALEAH, FL 33012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jose E. Soto 1305 W 44 PL APT. 201 Hialeah FL 33012	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 address, with all other like empowered.

SIGNATURE: _____ 04-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #