2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001767

FILED Apr 27, 2007 Secretary of State

Entity Name: MARINA REAL CONDOMINIUM NO. 2 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

MJB MGMT. SVCS, INC. 1060 NW 123 COURT 19501 NE 10TH AVE, STE. 300 MIAMI, FL 33179 US

Current Mailing Address: New Mailing Address:

435 S 123 AVE 435 SW 123 AVENUE MIAMI, FL 33184 US MIAMI, FL 33184 US

FEI Number: 65-0559456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C R MANAGEMENT & INVESTMENTS, INC.
435 SOUTHWEST 123 AVENUE
MIAMI, FL 33184 US

C R MANAGEMENT & INVESTMENTS, INC.
435 SW 123 AVENUE
MIAMI, FL 33184 US

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: JOSE R. RODRIGUEZ 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:SD () DeleteTitle:SD (X) Change () AdditionName:QUIROGA, MARTHAName:QUIROGA, MARTHAAddress:1076 NORTHWEST 123 COURTAddress:1076 NW 123 COURT

City-St-Zip: MIAMI, FL 33182 City-St-Zip: MIAMI, FL 33182

Title: () Delete Title: PD () Change (X) Addition

 Name:
 Name:
 GONZALEZ, PEDRO

 Address:
 Address:
 1060 NW 123 COURT

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33182

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 CASTRILLO, CARLOS

 Address:
 Address:
 12303 NW 11 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33182

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: PEDRO GONZALEZ PD 04/27/2007