
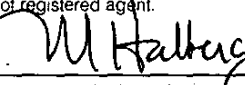


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90166 024 ****61.25

DOCUMENT # N94000003202 1. Entity Name SANS SOUCI CONDOMINIUM ASSOCIATION, INC. <div style="float: right; text-align: center;">  </div>			
Principal Place of Business 1725 W 60 ST SUITE #F330 HIALEAH, FL 33012 US		Mailing Address 1725 W 60 ST SUITE #F330 HIALEAH, FL 33012 US	
2. Principal Place of Business - No P.O. Box # 11960 NE 19Dr		3. Mailing Address 11960 NE 19Dr	
Suite, Apt. #, etc. OFFICE BOX		Suite, Apt. #, etc. OFFICE BOX	
City & State NORTH MIAMI FL		City & State NORTH MIAMI FL	
Zip 33181		Zip 33181	
Country USA		Country USA	
6. Name and Address of Current Registered Agent EXCELLENT PROPERTY MANAGEMENT 1725 W 60 ST F330 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Michael Halberg, Esq Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd Suite 988 City North Miami FL Zip Code 33161	
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 <u></u> DATE 4/28/09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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 PD NAME ORTIZ, ZENaida STREET ADDRESS 11960 NE 19 DR #27 CITY-ST-ZIP NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE VP NAME MANGUAL, NELSON STREET ADDRESS 822 SW 159 TERR CITY-ST-ZIP SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME MITCHEL EDWARD STREET ADDRESS 11960 NE 19 DR #17 CITY-ST-ZIP NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE SEC / TR NAME MITCHEL, EDWARD STREET ADDRESS 11960 NE 19 DR #17 CITY-ST-ZIP MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE Sec/TR NAME Mitchell Edward STREET ADDRESS 11960 NE 19 Dr # 17 CITY-ST-ZIP North Miami FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0510327 Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR