


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90069 041 \*\*\*\*61.25

<b>DOCUMENT # N95000005184</b>					
1. Entity Name <b>BARINZ CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1188 MARSEILLE DRIVE APT 1 MIAMI BEACH, FL 33141</b>			Mailing Address <b>1188 MARSEILLE DRIVE APT 1 MIAMI BEACH, FL 33141 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0626857</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBLEJO, JUAN</b> <b>1188 MARSEILLE DRIVE</b> <b>APT #2</b> <b>MIAMI BEACH, FL 33141</b>			Name <b>RAFAEL DELANCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1188 MARSEILLE DRIVE</b> <b>APT #1</b> City <b>MIAMI BEACH</b> FL <b>33141</b>		
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 <i>[Signature]</i> <b>RAFAEL DELANCE</b>			DATE <b>2/3/08</b>		
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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBLEJO, JUAN		NAME	PD RAFAEL DELANCE	
STREET ADDRESS	% 1188 MARSEILLE DRIVE APT # 2		STREET ADDRESS	1188 MARSEILLE DR APT #1	
CITY-ST-ZIP	MIAMI, FL 33141		CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDINI, MIGUEL C		NAME		
STREET ADDRESS	1188 MARSEILLE DRIVE APT #4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANCE, RAFAEL		NAME	SD JUAN Roblejo	
STREET ADDRESS	% 1188 MARSEILLE DRIVE APT # 1		STREET ADDRESS	1188 MARSEILLE DR. APT #2	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEVALLOS, CARLOS D		NAME		
STREET ADDRESS	% 1188 MARSEILLE DRIVE APT # 3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			<b>2/23/2008</b> Date <b>(205) 865-7209</b> Daytime Phone #		