2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # N96000003812 1. Entity Name 04-11-2007 90014 031 ****61.25 CENTER PEQUENA HABANA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1351 SW 4TH ST. 10630 SW 7TH TERR **MIAMI FL 33135** MIAMI FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 65-0816057 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, ARACELY 10630 S.W. 7 TERR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE VPD President ■ Delete ☐ Addition Falix Fuentes 1351 Siv. 4 th Stract \$15 NAME CRUZ, PILAR NAME STREET ADDRESS 10630 CRUZ STREET ADDRESS 1jami A. 33/35 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** IIILE Delete TITLE VICE President Change Addition 51xto Suarez NAME GONZALEZ, ARACELY NAME 1351 SW. 4 Street # 16 Hiami FT. 33135 STREET ADDRESS #0630 SW 7 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 TREasure IIILE Delete TITLE **Change** Addition NAME NAME JULIO CUEVAS STREET ADDRESS 1351 Sw. 4street #18 Miami Fr. 33135 STREET ADDRESS CITY - ST- ZIE CHY-ST-ZIP Miumi. Secretary Angela Sanabria 1351 SW. 4 Street #7 TITLE TITLE ☐ Delete Change 🄀 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIŒ ☐ Deleie HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP