2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004830

FILED Feb 19, 2009 Secretary of State

Entity Name: GEOMARA GARDENS CONDOMINIUM ASSOCIATION, INC.

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

2200 NW 102ND AVENUE SUITE 5 DORAL, FL 33172

Current Mailing Address: New Mailing Address:

2200 NW 102ND AVENUE SUITE 5 DORAL, FL 33172

FEI Number: 65-0713508 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:

 DIAZ, ROBERTO
 AGUILERA, RAUL

 2200 NW 102 AVE #5
 2200 NW 102 AVE #5

 DORAL, FL 33172
 US

 DORAL, FL 33172
 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: RAUL AGUILERA 02/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:TOLEDO, RICARDOName:MEIGISE, FEDERICOAddress:6973 W. 29TH AVENUE, UNIT 103Address:6951 WEST 29 AVE., #104

City-St-Zip: HIALEAH, FL 33018 City-St-Zip: HIALEAH, FL 33018

Title: TD () Delete Title: TD (X) Change () Addition Name: CAMPOS, MAGGIE Name: MENDEZ, WILSON

Address: 6973 W. 29TH AVENUE, UNIT 207 Address: 6951 WEST 29 AVE., #206
City-St-Zip: HIALEAH, FL 33018 City-St-Zip: HIALEAH, FL 33018

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

 Name:
 HERNANDEZ, NERY
 Name:
 OLIVEROS, ZULLY

 Address:
 6985 W 29 AVE
 Address:
 6985 WEST 29 AVE., #202

 City-St-Zip:
 HIALEAH, FL 33018
 City-St-Zip:
 HIALEAH, FL 33018

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: FEDERICO MEIGIDE PD 02/19/2009