

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001218

FILED
Apr 22, 2009
Secretary of State

Entity Name: MORADA NUMBER TWO - A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6130 W 19TH AVE.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

6130 W 19TH AVE.
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0738132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABARCA, JORGE L
6205 SW 4ST
33144
MIAMI, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABARCA, JORGE
Address: 6205 SW 4 STREET
City-St-Zip: MIAMI, FL 33144

Title: TD () Delete
Name: FUENTES, MIRIAM
Address: 6130 W 19 AVE , APT.303
City-St-Zip: HIAHEAH, FL 33012

Title: SD () Delete
Name: PAMPIN, CRISTINA
Address: 6130 W 19 AVE #205
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRISTINA PAMPIN

SD

04/22/2009

Electronic Signature of Signing Officer or Director

Date