## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005566

FILED Apr 05, 2007 Secretary of State

Entity Name: GABRIELLA CONDOMINIUM SOUTH ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7762 NW 197TH ST. MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** P.O. BOX 521458 MIAMI, FL 33152 US FEI Number: 65-0852469 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: RUSSI, RICARDO 3100 N.W. 72 AVENUE MIAMI, FL 33122 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition LAHORI, KISHOR LAHORI, KISHOR Name: Name: 7616 NW 182 TERRACE, #203 Address: 7616 NW 182 TERRACE, #203 Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015 Title: SD () Delete Title: (X) Change ( ) Addition SANCHEZ, MARTHA Name: SANCHEZ, MARTHA ESTELLA Name: Address: 7609 NW 182 TERRACE, #406 Address: 7609 NW 182 TERRACE, #406 City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015 Title: TD () Delete Title: (X) Change ( ) Addition ALDANA, JOSE YANIZ, YOLANDA Name: Name: 7618 NW 182 LN., #401 7589 NW 182 TERR, #407 Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015 Title: () Delete Title: PD ( ) Change (X) Addition Name: Name: FERNANDES, AMARILYS 7658 NW 182 LN, #506 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33015 Title: () Delete Title: ( ) Change (X) Addition REYES, REYNA Name: Name: 7624 NW 182 TERR, #202 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33015 Title: () Delete Title: ( ) Change (X) Addition ANGULO, LILLY Name: Name: Address: Address: 7590 NW 182 LN, #702 MIAMI, FL 33015 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AMARILYS FERNANDES PD 04/05/2007