

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003751

FILED  
May 13, 2009  
Secretary of State

Entity Name: LAS BRISAS AT DORAL CONDOMINIUM NO. 7 ASSOCIATION, INC.

**Current Principal Place of Business:**

QUARANTEE MANAGEMENT SERVICES  
6925 NW 42ND ST  
MIAMI, FL 331666620

**New Principal Place of Business:**

10705 NW 33RD. STREET  
100  
DORAL, FL 33172

**Current Mailing Address:**

QUARANTEE MANAGEMENT SERVICES  
6925 NW 42ND ST  
MIAMI, FL 331666620

**New Mailing Address:**

10705 NW 33RD STREET  
100  
DORAL, FL 33178

FEI Number: 65-0934928      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, PA  
1900 N. COMMERCE PKWY  
WESTON, FL 33326      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: DP ( ) Delete  
Name: TIRADO, CARLOS  
Address: 5660 NW 115 CT # 106  
City-St-Zip: MIAMI, FL 33178

Title: V ( ) Delete  
Name: PINALLA, MARK  
Address: 5660 NW 115 COURT #105  
City-St-Zip: MIAMI, FL 33178

Title: STD ( ) Delete  
Name: ARTIGUES, ALBERT  
Address: 5660 N.W. 115 COURT, 204  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: BERTOT, JENNIFER  
Address: 5640 NW 115TH COURT # 205  
City-St-Zip: DORAL, FL 33178

Title: ST (X) Change ( ) Addition  
Name: ARTIGUES, ALBERT  
Address: 5660 NW 115 COURT #105  
City-St-Zip: MIAMI, FL 33178

Title: DP (X) Change ( ) Addition  
Name: TIRADO, CARLOS  
Address: 5660 NW 115TH CT # 106  
City-St-Zip: DORAL, FL 33178

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: CARLOS TIRADO

DP

05/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date