

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 13, 2009  
Secretary of State**

DOCUMENT# N99000004541

Entity Name: LAS BRISAS AT DORAL CONDOMINIUM NO. 6 ASSOCIATION, INC.

**Current Principal Place of Business:**

6425 NW 42 ST.  
MIAMI, FL 33166

**New Principal Place of Business:**

10705 NW 33RD STREET  
100  
DORAL, FL 33178

**Current Mailing Address:**

6425 NW 42 ST.  
MIAMI, FL 33166

**New Mailing Address:**

10705 NW 33RD STREET  
100  
DORAL, FL 33178

FEI Number: 65-0856041      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:**

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

BROUGH, CHADROW & LEVINE, PA  
1900 N COMMERCE PKWY  
FORT LAUDERDALE, FL 33326      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:**

Title: VD      ( ) Delete  
Name: DIAZ, CLAUDIA  
Address: 5620 NW 114TH PATH 206  
City-St-Zip: MIAMI, FL 33178

Title: P      (X) Change ( ) Addition  
Name: PENA, JAIME  
Address: 5620 NW 114TH PATH 214  
City-St-Zip: DORAL, FL 33178

Title: VD      ( ) Delete  
Name: PENA, JAIME  
Address: 5620 NW 114 PATH #214  
City-St-Zip: MIAMI, FL 33178

Title: ST      (X) Change ( ) Addition  
Name: MARVAL, ROSA  
Address: 5620 NW 114 PATH #107  
City-St-Zip: DORAL, FL 33178

Title: S      ( ) Delete  
Name: TOLA- DAVILA, JUAN PABLO  
Address: 5620 NW 114 PATH 106  
City-St-Zip: MIAMI, FL 33178

Title: D      (X) Change ( ) Addition  
Name: CITRARO, RAUL  
Address: 5620 NW 114 PATH 101  
City-St-Zip: DORAL, FL 33178

Title: TD      (X) Delete  
Name: MARVAL, ROSA  
Address: 5620 NW 114 PATH 107  
City-St-Zip: MIAMI, FL 33178

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

Title: D      (X) Delete  
Name: FAHOUS, CHASSAN  
Address: 5630 NW 114TH PATH 208  
City-St-Zip: MIAMI, FL 33178

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: JAIME PENA

P

05/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date