


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90019 042 \*\*\*158.75

<b>DOCUMENT # P02000112130</b> 1. Entity Name CONDOMINIUM ADVISORS, INC.	
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Principal Place of Business 321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441	Mailing Address 321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441
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02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4223275	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STOTZER, TED 321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STREET, BRIAN 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COHEN, JAMES H 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** By:  **March 8, 2007** (954) 949-3480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
James H. Cohen, Vice President