2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000069153

Entity Name: CONDOVERTERS EL CENTRO, INC.

FILED Mar 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1 N.E. 1ST STREET SUITE 700 MIAMI, FL 33132

New Mailing Address: Current Mailing Address:

1 N.E. 1ST STREET SUITE 700 MIAMI, FL 33132 US

FEI Number: 73-1702035 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:

WENDIR. ROSEN, P.A. WENDIR. ROSEN, P.A. 48 EAST FLAGLER STREET 1 N.E. 1ST STREET SUITE 700 SUITE 368 MIAMI, FL 33131 US MIAMI, FL 33132 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: WENDI R. ROSEN, PRESIDENT 03/05/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title:

ROSEN, PAUL ROSEN, WENDI Name: Name:

1 N.E. 1ST STREET, SUITE 700 1 N.E. 1ST STREET, SUITE 700 Address: Address: City-St-Zip: MIAMI, FL 33132 US City-St-Zip: MIAMI, FL 33132 US

Title: VSTD Title: **VPTD** () Delete (X) Change () Addition

BLUE, BEATRIZ O ROSEN, STEVEN Name: Name: 1 N.E. 1ST STREET, SUITE 700 501 FIFTH AVENUE, SUITE 804 Address: Address:

NEW YORK, NY 10017 US City-St-Zip: MIAMI, FL 33132 US City-St-Zip:

() Delete Title: (X) Change () Addition Title: VD **VPD** ABRAMS, LEONARD S Name: ABRAMS, LEONARD S Name:

1 N.E. 1ST STREET, SUITE 700 1 N.E. 1ST STREET, SUITE 700 Address: Address:

City-St-Zip: MIAMI, FL 33132 US City-St-Zip: MIAMI, FL 33132

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: WENDI ROSEN 03/05/2007