2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 AM Secretary of State

1. Entity Name

CONDOSOLUTIONS 24-7, INC.



Principal Place of Business

4414 PACKARD DRIVE

JACKSONVILLE, FL 32246

Mailing Address

4414 PACKARD DRIVE

JACKSONVILLE, FL 32246



03192007

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	20-3471074

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Applied For

Name and Address of Current Registered Agent						
	6,	Name and	Address of	f Current	Registered	Agent

DO NOT WRITE IN THIS SPACE

ANDUJAR, ISIDORO 4414 PACKARD DRIVE JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of cha	anging its registered office or registered agent, or both,	in the State of Florida. I am familia	ar with, and accept
	the obligations of registered agent.			*
SI	SNATURE			
٠.	Signature, typed or proted name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

 \Box

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PSTO TITLE ANDUJAR, ISIDORO NAME STREET ADDRESS 4414 PACKARD DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32246 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 withan address, with all other like empowered

SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904)639.9256