

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004541

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC6133367654**

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

**Current Principal Place of Business:**

10544 NW 26 STREET  
E-104  
DORAL, FL 33172

**Current Mailing Address:**

10544 NW 26 STREET  
E-104  
DORAL, FL 33172

**FEI Number: 65-0856041**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title P  
Name PENA, JAIME  
Address 5620 NW 114TH PATH 214  
City-State-Zip: DORAL FL 33178

Title ST  
Name MARVAL, ROSA  
Address 5620 NW 114 PATH #107  
City-State-Zip: DORAL FL 33178

Title D  
Name CITARO, RAUL  
Address 5620 NW 114 PATH 101  
City-State-Zip: DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE: JAIME PENA**

**PRESIDENT**

**04/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date