


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 717062

1. Entity Name
THREE HORIZONS, EAST, CONDOMINIUM, INC.



Principal Place of Business 12500 N.E. 15 AVENUE N. MIAMI, FL 33161 US	Mailing Address 2200 NW 102 AVE # 5 DORAL, FL 33172
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03222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1438436	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOZA, HUGO
 2200 NW 102 AVE
 # 5
 DORAL, FL 33172

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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 _____ DATE 4/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

~~Filing Fee is \$81.25~~
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO SALGADO-MARRERO, OLIN 12500 NE 15 AVE #315 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEMAN, OSCAR 12500 N.E. 15 AVENUE, #516 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEMAN, RAFAEL 12500 N.E. 15 AVENUE, #301 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAL, TOMAS 12500 NE 15 AVE, # 505 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUSEPI, TITO 12500 NE 15 AVE # 512 NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/06-80197-009 61.25

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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 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 617, 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: _____ DATE 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR