

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 025 ****61.25

20032702



01092006 Chg-NP CR2E037 (11/05)

DOCUMENT # 718087 1. Entity Name JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, INC.					
Principal Place of Business 245 18TH ST MIAMI BEACH, FL 33139-2038			Mailing Address 245 18TH ST MIAMI BEACH, FL 33139-2038		
2. Principal Place of Business 2011 W. 62nd St. Suite, Apt. #, etc.		3. Mailing Address 2011 W. 62nd St. Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 59-1299143	
Zip 33016		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOSOLUTIONS 300 71ST STREET SUITE 405 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name American Home & Realty, Inc. Street Address (P.O. Box Number is Not Acceptable) 2011 W. 62nd Street City Hialeah FL Zip Code 33016		
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 <i>Caridad Garcia</i> 1/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAARENO MAARENO, EVANGELINA MARRERO <input type="checkbox"/> Delete 245 18TH #1001 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAARENO, Evangelina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 18th Street, #1001 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TODER, RICHARD <input type="checkbox"/> Delete 245 18TH STREET #301 MIAMI BCH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAQUE, DELVA <input type="checkbox"/> Delete 245 18TH ST. 905 MIAMI BEACH, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, MARIA <input type="checkbox"/> Delete 245 18TH STREET #602 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Evangelina Maareno</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/6/06 Daytime Phone # 305 558 9820		