


AMENDED
2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

04-24-2006 90442 023 ***61.25
 718087

DOCUMENT # 718087

1. Entity Name
JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, INC.



FILED

06 MAY -4 AM 10:03

Principal Place of Business
**215 18TH ST
 MIAMI BEACH, FL 33139-2038**

Mailing Address
**245 18TH ST
 MIAMI BEACH, FL 33139-2038**

50016100



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**Cl American Mgmt & Realty
 3011 W. Grand Street
 Hialeah, FL
 33016 USA**

04192006 Chg-AP CR2E937 (11/05)

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 Mgmt & Realty
 Street Address (P.O. Box Number is Not Acceptable)
3011 W. Grand 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 agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *American Mgmt & Realty* DATE **4/19/06**

Signature, typed or printed name of registered agent and must approve (NOTE: Registered Agent signature required when re-registered)

Filing Fee is \$61.25 Due by May 1, 2006

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

Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VO	<input type="checkbox"/> Delete
NAME	MAARENO, EVANGELINA	
STREET ADDRESS	245 18TH #1001	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TODER, RICHARD	
STREET ADDRESS	246 18TH STREET #301	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAQUE, DELVA	
STREET ADDRESS	245 18TH ST, 905	
CITY-ST-ZIP	MIAMI BEACH, FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA	
STREET ADDRESS	245 18TH STREET #802	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcelo, Evangelina	
STREET ADDRESS	215 18th Street #1001	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eppinoza, Santa	
STREET ADDRESS	215 18th Street #704	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chu, Anna	
STREET ADDRESS	215 18th Street #705	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paola Chats	
STREET ADDRESS	215 18th Street #701	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonia Luis, A.	
STREET ADDRESS	215 18th Street #604	
CITY-ST-ZIP	Miami Beach, FL 33139	

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 Section 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: *Evangelina Marano* DATE: **4/18/06** (305) 558-9820

SIGNATURE OF TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR