


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 718087 1. Entity Name JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, INC.						FILED 06 AUG 11 PM 1:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 2011 W 62ND ST HIALEAH, FL 33016		Mailing Address C/O AMERICAN MGMT. & REALTY 2011 W 62ND STREET HIALEAH, FL 33016						
2. Principal Place of Business		3. Mailing Address c/o LJ Services Group						
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 841437						
City & State		City & State Pembroke Pines, FL		4. FEI Number 59-1299143		Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip 33084	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07312006 Chg-NP CR2E037 (4/06)		
6. Name and Address of Current Registered Agent AMERICAN MGMT & REALTY, INC 2011 W 62ND ST HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name LJ Services Group Street Address (P.O. Box Number is Not Acceptable) 245 18 ST City Miami Beach FL Zip Code 33139				
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>Anda Johnson</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)		DATE 8/2/06		
Amended AR is \$61.25			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	PD MAARENO, EVANGELINA 245 18TH STE 1001 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900078761149 08/16/06--01015--016 **\$1.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESPINOSA, SANTA 2011 W 62ND ST #704 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD ESPINOSA, FRANCISCA 2011 W 62ND ST #704 HIALEAH, FL 33016				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ONO, ANNA 245 18TH ST. #705 MIAMI BEACH, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD JAUQUE, DELVA 245 18ST #902 MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGE, CHRIS 245 18TH STREET #701 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LANIER, MARGARITA 245 18 ST #1103 MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INTAMA, LOUIS A 2011 W 62ND ST #604 HIALEAH, FL 33016	<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	<i>8/18/11</i>	<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		Daytime Phone #		