


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90036 014 \*\*\*\*70.00

<b>DOCUMENT # 729197</b>			
<b>1. Entity Name</b> MADRID TOWERS CONDOMINIUM, INC.			
<b>Principal Place of Business</b> 1650 LE JEUNE ROAD CORAL GABLES, FL 33134		<b>Mailing Address</b> 1650 LE JEUNE ROAD CORAL GABLES, FL 33134-3848 US	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02142007 Chg-NP CR2E037 (12/06)	
		<b>4. FEI Number</b> 59-2761341	
		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
ARANA, CARMEN L. <i>LIANA Y. CASTILLO</i> 1650 S LEJEUNE RD APT <del>304</del> 302 CORAL GABLES, FL 33134		Name <i>LIANA Y. CASTILLO</i> Street Address (P.O. Box Number is Not Acceptable) <i>1650 S. LE JEUNE RD</i> <i>APT 302</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE P <input checked="" type="checkbox"/> Delete NAME ARANA, CARMEN STREET ADDRESS 1650 LEJEUNE RD #304 CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>LIANA Y. CASTILLO</i> STREET ADDRESS <i>1650 S. LE JEUNE RD #302</i> CITY-ST-ZIP <i>C. GABLES FL 33134</i>		
TITLE VPS <input checked="" type="checkbox"/> Delete NAME DE CASTRO, MARIA STREET ADDRESS 1650 S LEJEUNE RD, APT 103 CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>MICHAEL BREZIN</i> STREET ADDRESS <i>1650 S. LE JEUNE RD #303</i> CITY-ST-ZIP <i>C. GABLES FL 33134</i>		
TITLE T <input checked="" type="checkbox"/> Delete NAME RODRIGUEZ, MARIA D STREET ADDRESS 1650 LEJEUNE RD #201 CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>ROLANDO FORTICORA</i> STREET ADDRESS <i>1650 S LE JEUNE RD #203</i> CITY-ST-ZIP <i>C. GABLES FL 33134</i>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>			
<b>SIGNATURE:</b> <i>Fancy</i>		Date <i>2/14/07</i> Daytime Phone # <i>786-200-4893</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	