2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90449 024 ****61.25

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1. Entity Name
ALHAMBRA ONE CONDOMINIUM ASSOCIATION,INC.

Principal Place of Business	Mailing Address
1451 HAMMOND DR MIAMI SPRINGS, FL 33166-0232	1451 HAMMOND DR MIAMI SPRINGS, FL 33166-0232

02222006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAKHNOVSKY, NICHOLAS A. 1451 HAMMOND DR MIAMI SPRINGS, FL 33166-0232	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
(Signature, if changing registered agent) (Typed or printed name of registered agent) (Date)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SAKHNOVSKY,A.A. 1451 HAMMOND DR MIAMI SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add'l on
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD SAKHNOVSKY, O R 1451 HAMMOND DR MIAMI SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add'l on
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV VELAZQUEZ, A.M. 1701 W. 80TH ST. HIALEAH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add'l on
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ORBE, O 1645 W 42 ST APT 1 HIALEAH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add'l on
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ORBE, I 1645 W 42 ST APT 1 HIALEAH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add'l on
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add'l on

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: Orlando Orbe — ORLANDO ORBE 4-18-06 305-856-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)