

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90073 029 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                     |                                                                                                                                                                                                               |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 767070</b><br>1. Entity Name<br><b>EXPO TOWERS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                |                                                                         |                                                                                     |                                                                                                                                                                                                               |  |  |
| Principal Place of Business<br><b>2290/95 WEST 53 PLCE</b><br><b>HIALEAH, FL 33016</b>                                                                                                                                                                                                        |                                                                         |                                                                                     | Mailing Address<br><b>C/O AMERICA P &amp; G MNGT</b><br><b>2011 W 62 STREET</b><br><b>HIALEAH, FL 33016 US</b>                                                                                                |                                                                                   |  |
| 2. Principal Place of Business<br><b>2295 W. 53 place</b><br>Suite, Apt. #, etc.<br><b>2290 W 54 place</b><br>City & State<br><b>Hialeah FL</b><br>Zip<br><b>33014</b>                                                                                                                        |                                                                         |                                                                                     | 3. Mailing Address<br><b>American Management</b><br>Suite, Apt. #, etc.<br><b>+ Realty, Inc</b><br>City & State<br><br>Zip<br><br>Country<br><b>US</b>                                                        |                                                                                   |  |
| 4. FEI Number<br><b>59-2674951</b>                                                                                                                                                                                                                                                            |                                                                         |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                        |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                     |                                                                         |                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                         |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>HERNANDEZ, HENRY</b><br><b>2044 WEST 62 ST</b><br><b>HIALEAH, FL 33016</b>                                                                                                                                                              |                                                                         |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br><b>American Management + Realty, Inc</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2011 West 62 street</b><br>City<br><b>Hialeah</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.                                                                 |                                                                         |                                                                                     | DATE                                                                                                                                                                                                          |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                               |                                                                         |                                                                                     | (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                  |                                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                     |                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                               | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                      |                                                                         |                                                                                     |                                                                                                                                                                                                               |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                    |                                                                         |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                            | P<br>LEONARDO, RODRIGUEZ R<br>2290/95 WEST 53 PLCE<br>HIALEAH, FL 33016 | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                            | S<br>DOMINGUEZ, RAUL<br>2290 WEST 54TH PLACE #109<br>HIALEAH, FL 33016  | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                            | T<br>ALVAREZ, OFELIA<br>2290 W 54TH PLACE #110<br>HIALEAH, FL 33016     | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                         |                                                                                     |                                                                                                                                                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                         |                                                                                     |                                                                                                                                                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                         |                                                                                     |                                                                                                                                                                                                               |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like empow. |                                                                         |                                                                                     | Statutes. I further certify that the information made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if                                                        |                                                                                   |  |
| SIGNATURE: <u>Leonardo R. Dominguez</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                  |                                                                         |                                                                                     | Date _____ Daytime Phone # _____                                                                                                                                                                              |                                                                                   |  |

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