


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003759	
1. Entity Name FLORIDA FTAA FOUNDATION, INC.	

Principal Place of Business BILTMORE CONFERENCE CENTER OF THE 1200 ANASTASIA AVE # 500 CORAL GABLES, FL 33134	Mailing Address BILTMORE CONFERENCE CENTER OF THE 1200 ANASTASIA AVE # 500 CORAL GABLES, FL 33134
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01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3722353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLDERON, INES
1200 ANASTASIA AVE # 500
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COBB, CHARLES E 255 ARAGON AVENUE SUITE 333 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VILLAMIL, J. ANTONIO 2655 LE JEUNE ROAD SUITE 608 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARRIZUNIETA, JORGE L 1200 ANESTASIA AVENUE, SUITE 500 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/24/06-80006-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day/Time Phone # _____