## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003864

FILED Jan 18, 2006 Secretary of State

Entity Name: MATILDA-3000 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
150 MAT IIAMI, FL	ILDA STREET 33133			
Current Mailing Address:		New Mailing Address:		
150 MAT IIAMI, FL	ILDA STREET 33133			
El Number	: 65-1114233	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )
ame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	RD, JEROME ILDA STREEET 33133 US	-		
•				
ne above	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
he above the State	e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
ne above the State	e of Florida. RE:	ubmits this statement for the place.		ed office or registered agent, or both  Date
he above the State	e of Florida. RE:	ic Signature of Registered Ag	ent	
he above the State	e of Florida.  RE: Electron  S AND DIRECT	ic Signature of Registered Agr FORS: Delete ST	ent	Date
he above the State IGNATUI FFICER ttle: ame: ddress:	e of Florida.  RE: Electron  S AND DIRECT  D () JUAN, OLIVIA 3152 MATILDA: MIAMI, FL 3313	ic Signature of Registered Agr FORS: Delete ST 33 Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
ne above the State GNATUI	e of Florida.  RE: Electron  S AND DIRECT  D () JUAN, OLIVIA 3152 MATILDA: MIAMI, FL 3313  D () JUAN, MIGUEL 3152 MATILDA: MIAMI, FL 3313	ic Signature of Registered Agr  FORS:  Delete  ST  33  Delete  ST  33  Delete  EROME  STREET	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME CRAWFORD D 01/18/2006