2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004946

1. Entity Name

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNING OFFICER OR DIRECTOR



FILED Mar 20, 2006 8:00 am Secretary of State 03-20-2006 90019 049 ****61.25

ASSOCIATION, INC.									
8500 SW 8TH ST, STE 228		Mailing Address 8500 SW 8TH ST, STE 228 MIAMI, FL 33144					5000365	2	
2. Principal Place of Business 3. Mailing Address 2128 SW 24th Ave 2728 SW 2				Mre					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03152006 Chg-NP CR2E037 (11/05)				
City & State Wari FL		City & State Nuauu , FL			4. FEI Number Applied For 20-2036505 Not Applied be				
Zip Country		Zip Country 331331		······································	5. Certificate of Status Desired \$8.75 Additional Fee Required				
<u> </u>	6. Name and Address of Current				7. Name and Add	ress of New Regis	-		
MACHADO, JOSE L ESQ 8500 SW 8TH ST, STE 228 MIAMI, FL 33144				Name Street Address (P.O. 8ox Number is Not Acceptable)					
				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									
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contrib					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIF		11.	, A	ADDITIONS/CHANG	ES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIS, MIKE 8500 SW 8TH ST, STE 228 MIAMI, FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMOS, BARBARA 8500 SW 8TH ST, STE 228 MIAMI, FL 33144	(i) - pelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20S 27 Wi	eph Han 28 SW 2 iami, Fl	uilton 4th Ave -3313=	Defiance Swite	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ELVIS 8500 SW 8TH ST, STE 228 MIAMI, FL 33144	¯ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
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.									