


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005853

1. Entity Name
 ALHAMBRA GARDENS CONDOMINIUM OF MIAMI, CORP.



Principal Place of Business Mailing Address

2401 SW 10TH ST. 2401 SW 10TH ST.
 MIAMI, FL 33135 MIAMI, FL 33135

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04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 20-0081510 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCHOA, MABEL R
 2401 SW 10TH ST.
 MIAMI, FL 33135

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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]* DATE: *4/19/05*

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OCHOA, MABEL R
STREET ADDRESS	2401 SW 10TH ST.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VD
NAME	DURAN, MARIO R
STREET ADDRESS	2401 SW 10TH ST.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	SD
NAME	SUAREZ, MARIA A
STREET ADDRESS	2401 SW 10TH ST.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	TD
NAME	OCHOA, ELIZABETH S
STREET ADDRESS	2401 SW 10TH ST.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/21/05-80038-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *[Signature]* DATE: *4/19/05* DAYTIME PHONE #: *(305) 649-6238*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR