


**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: 2401 SW 10TH ST. MIAMI, FL 33135  
 Mailing Address: 2401 SW 10TH ST. MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 20-0081510 Applied For: 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	

U00000320481  
 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 (305) 649-6238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #