

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90047 005 ****61.25

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01052006 Chg-NP CR2E037 (11/05)

| | | | | | |
|--|-------------------------------|--|--|--|-----------------------------------|
| DOCUMENT # N03661 | | | | | |
| 1. Entity Name EL POLO CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 401 SW 109 AVENUE MIAMI, FL 33174 US | | | Mailing Address 3505 S OCEAN DRIVE # 3-B HOLLYWOOD, FL 33019 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2797083 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ESTEVEZ, AIDA 3505 SOUTH OCEAN DRIVE SUITE 31 HOLLYWOOD, FL 33019 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | 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: (NOTE: Registered Agent signature required when relisting) DATE: _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ESTEVEZ, AIDA | | NAME | | |
| STREET ADDRESS | 3505 SOUTH OCEAN DRIVE STE 3A | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RAGONESI, ANALIA | | NAME | Analia Ladner | |
| STREET ADDRESS | 3505 SOUTH OCEAN DRIVE STE 3A | | STREET ADDRESS | 3505 So. Ocean DR. 3A | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | | CITY-ST-ZIP | Hollywood, FL. 33019 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ESTEVEZ, ULISES | | NAME | | |
| STREET ADDRESS | 3505 SOUTH OCEAN DRIVE STE 3A | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: Date: _____ Daytime Phone #: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |