

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

APPROVED
AND
FILED

06 MAY -3 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004621 1. Entity Name MONTERREY CONDOMINIUM PROPERTY ASSOCIATION, INC.			
Principal Place of Business 1611 MICHIGAN AVE MIAMI BCH, FL 33139		Mailing Address 1611 MICHIGAN AVE MIAMI BCH, FL 33139	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 735 5th St. Suite, Apt. #, etc.	
City & State _____		City & State Miami Beach FL	
Zip _____		Zip 33139	
Country _____		Country USA	
6. Name and Address of Current Registered Agent FOLLAND, CHRISTIAN ESQ. 747 4 TH STREET #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: Royal Management Group Street Address (P.O. Box Number is Not Acceptable): 735 5th St. City: Miami Beach FL Zip Code: 33139	
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:  <u>David Raposo (Royal Mgmt. Group)</u> DATE: <u>4/18/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: ROUSSEAU, DANIEL STREET ADDRESS: 747 4TH ST STE 200-A CITY-ST-ZIP: MIAMI BCH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Rjon Robins STREET ADDRESS: 1611 Michigan Ave #21 CITY-ST-ZIP: Miami Beach FL 33139		
TITLE: DV NAME: DESNICK, JAMES STREET ADDRESS: 747 4TH ST STE 200-A CITY-ST-ZIP: MIAMI BCH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Arjandra Leibovich STREET ADDRESS: 1611 Michigan Ave #19 CITY-ST-ZIP: Miami Beach FL 33139		
TITLE: DS NAME: FOLLAND, CHRISTIAN STREET ADDRESS: 747 4TH ST STE 200-A CITY-ST-ZIP: MIAMI BCH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Vince Langone STREET ADDRESS: 1955 NE 135th St. CITY-ST-ZIP: Miami FL 33181		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 000075045820 STREET ADDRESS: 05/23/06--01006--013 CITY-ST-ZIP: **61.25		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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:  <u>David Raposo</u>		Date: <u>4/18/06</u> Daytime Phone #: <u>305-535-3575</u>	

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