2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPRUY_,
AND
FILED

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Principal Place of Business	DOCUMENT # N0400004621 1. Entity Name MONTERREY CONDOMINIUM PROPERTY ASSOCIATION, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Suite Apt. 4, etc. City & State Application FU Appl	1611 MICHIGAN AVE 1611 MICHIGAN AVE			·		. 18611181 811 88111 81611 87111 8	111 SECI CELL SECI SEC	I n 21 90 1 11 0 1	
City & State City & State	2. Principal Place of Business		3, Mailing Address 435 BM St.						
Secondary Seco	Suite, Apt, #, etc.		Suite, Apt. #, etc.			4172006 Chg-NP	CR2E037 (1	1/05)	
Second S	City & State		Miami Beaun Fl		- 4.				
FOLLAND, CHRISTIAN ESQ. 747 4 TH ST STEET #200 MIAMI BEACH, FL 33139 8. The above named entity submits jbigstatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem tamillar with, and accept the obligations of registreed agent and title 4 spokeses. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	Zip	Country	33139	Country	5.	Certificate of Status Desi			
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MIAMI BEACH, FL 33139 Pass	FOLLAND, CHRISTIAN ESQ.							OUD	
8. The above named entity submits 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 trages. SIGNATURE Supreme flower or premise range of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the florida Department of State 10.				Stre	et Address (P.O.	Box Number is Not Acce	ptable)		
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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 showevered 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 a report ess, with all other like empowered.

SIGNATURE:

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