


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

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 015 ****70.00

DOCUMENT # N04000005184
1. Entity Name
MPG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6065 NW 167TH STREET SUITE B-23 **6065 NW 167TH STREET SUITE B-23**
MIAMI, FL 33015 **MIAMI, FL 33015**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2992206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAHMANPARAST, MAHMOOD
6065 NW 167TH STREET SUITE B-23
MIAMI, FL 33015

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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: *M. Rahmanparast* DATE: 1/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHMANPARAST, MAHMOOD 6065 NW 167TH STREET SUITE B-23 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORTA, PABLO 6065 NW 167TH STREET SUITE B-23 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAYAZI, REZA Deleted. 6065 NW 167TH STREET SUITE B-23 MIAMI, FL 33015
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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: *M. Rahmanparast* Date: 1/9/06 Daytime Phone #: (305) 558-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR