


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

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90069 017 \*\*\*\*70.00

**DOCUMENT # N05000005203**  
 1. Entity Name  
**ISLAS CANARIAS, A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 7374 SW 93 AVE #201  
 MIAMI, FL 33173

Mailing Address  
 7374 SW 93 AVE #201  
 MIAMI, FL 33173

**60010910**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 832916**  
 Suite, Apt. #, etc.

01272006 Chg-NP CR2E037 (11/05)

City & State  
**Miami, FL**

Zip  
**33283**

Country  
**USA**

4. FEJ Number  
**77-0986282**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALMEIDA, RODNEY**  
 7374 SW 93 AVE #201  
 MIAMI, FL 33173

7. Name and Address of New Registered Agent  
 Name **Cristina M. Suarez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11352 SW 133 Pl**  
 City **Miami** FL **33186**

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 Cristina M. Suarez DATE 1/27/06  
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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALMEIDA, RODNEY 7374 SW 93 AVE #201 MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALBOA, RODOLFO 7374 SW 93 AVE #201 MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ALMEIDA, LILLIAN 7374 SW 93 AVE #201 MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lazaro Suarez 11352 SW 133 PT Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sandra Delgado 1940 SW 45th # 7 Miami, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Cristina M. Suarez 11352 SW 133 Pl Miami, FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cristina M. Suarez DATE 1/27/06 (305) 5916-0000  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #