

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 31, 2006
Secretary of State

DOCUMENT# N09832

Entity Name: FLAMENCO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1055 WEST 77TH STREET
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**2100 WEST 76 STREET
407
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 59-2539920**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OVALLES, EDGAR
C/O ASTOR MGMT. SVCS.
2100 WEST 76TH ST., STE. 409
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**ASTOR MANAGEMENT SERVICES
2100 WEST 76TH STREET
407
HIALEAH, FL 33016 US

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.

SIGNATURE: CHRISTOPHER CAMPBELL

08/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUIVIERA, JUAN
Address: 1055 W. 77TH STREET #304
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: ACOSTA, RAFAEL
Address: 1055 W. 77TH STREET #401
City-St-Zip: HIALEAH, FL 33014

Title: PD () Delete
Name: DE LA PUENTE, ARMANDO
Address: 1055 W. 77 STREET #312
City-St-Zip: HIALEAH, FL 33014

Title: SD () Delete
Name: JORGE, JOSE
Address: 1055 W 77TH ST., #206
City-St-Zip: HIALEAH, FL 33014

Title: VPD () Delete
Name: ROLAYME, FABELO
Address: 1055 W 77TH STREET #305
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER CAMPBELL

PD

08/31/2006

Electronic Signature of Signing Officer or Director

Date