

# ANNUAL REPORT (AR)



**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/06)

<b>DOCUMENT # N24146</b>		1. Entity Name		ALAMEDA TOWER 4.CONDGMINIUM ASSOCIATION, INC.	
Principal Place of Business		Mailing Address			
2200 NW 102 AVE #5 MIAMI FL 33172		2200 NW 102 AVE #5 MIAMI FL 33172 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
				65-0058841	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YABLIN, ARNOLD 699 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T CARILLO, RUTH 5440 W 21 CT APT 211 HIALEAH FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000642231 03/01/07-80033-023 61.25
TITLE	DV GUZMAN, ELIZABETH 5440 W. 21 CT #202 HIALEAH FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD MENDEZ, MARTHA 5440 W 21 CT #412 HIALEAH FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P BERRERO, OSCAR 5440 W 21 CT #406 HIALEAH FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 liquidator 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:** \_\_\_\_\_ Date: 2/12/07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR