


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90227 050 ****61.25

DOCUMENT # N34460	
1. Entity Name ALAMEDA TOWER 6 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5500 & 5560 W. 21 CT. HIALEAH FL 33016	Mailing Address 5500 W. 21 CT. BOX 100 HIALEAH GARDEN FL 33016
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2. Principal Place of Business	3. Mailing Address 4445 W 16 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 308

City & State	City & State HIALEAH FL
Zip	Country DADE
Country	Zip 33012



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0203081	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, MARIANELLA 5500 W. 21 CT. #404 HIALEAH GARDENS FL 33016
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7. Name and Address of New Registered Agent Name NOLASCO, IRIS L. Street Address (P.O. Box Number is Not Acceptable) 5560 W 21 Ct Apt. # 210 City HIALEAH FL Zip Code 33016

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 *Irish L. Nolasco* 04-19-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOLASCO, IRIS 5560 W 21 CT #210 HIALEAH FL 33016 <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
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 NOLASCO, IRIS L 5560 W 21 Ct Apt. 210 HIALEAH, FL. 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROQUE, JOEL 5500 W 21 Ct Apt. 104 HIALEAH, FL. 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUENTES, FELICIANO 5500 W 21 Ct Apt. 307 HIALEAH, FL. 33016 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: *Irish L. Nolasco* **APRIL 19, 2005 (305) 823-1201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #