


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000029821 1. Entity Name ALHAMBRA VI CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2260 WEST 55TH STREET UNIT 14 HIALEAH, FL 33016	Mailing Address 427 PALM AVE HIALEAH, FL 33010
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03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0434576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWLING, EDUARDO
427 PALM AVE
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 DOWLING, EDUARDO 427 PALM AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KUCHARCZUK, MARIA E 2260 W 55 ST, UNIT 9 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MAYOL, IRIS 2260 WEST 55TH STREET HIALEAH, FL 33016
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04/16/05-80039-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Eduardo Dowling 1 APRIL 2005 305 883-4940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #