

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008360

FILED  
Apr 04, 2006  
Secretary of State

**Entity Name:** ALLAPATTAH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1525 NW 19TH TERRACE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13351  
MIAMI, FL 33101

**New Mailing Address:**

**FEI Number:** 02-0584292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEEB, KEVIN L ESQ  
2350 CORAL WAY SUITE 401  
MIAMI, FL 331453536 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SALMON, IBRAHIM  
Address: 1525 NW 19 TERR APT 16  
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete  
Name: ROSMARY, CUADRA  
Address: 1525 NW 19 TERR APT 26  
City-St-Zip: MIAMI, FL 33129

Title: T ( ) Delete  
Name: SANTOS, ESPINEL  
Address: 1525 NW 19 TERR APT 10  
City-St-Zip: MIAMI, FL 33129

Title: DIR ( ) Delete  
Name: ROMERO, OSCAR  
Address: 1525 NW 19 TERR APR 17  
City-St-Zip: MIAMI, FL 33125

Title: P ( ) Delete  
Name: BRUTRICO, LORRAINE  
Address: 1525 NW 19TH TERR APT 12  
City-St-Zip: MIAMI, FL 33129

**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: IBRAHIM SALMON

VP

04/04/2006

Electronic Signature of Signing Officer or Director

Date