


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 726519			
1. Entity Name 7125 DICKENS AVENUE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141		Mailing Address 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALVAREZ, JULIO A 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
4. FEI Number 65-0120999 Applied For Not Applied			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALVAREZ, JULIO A 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141		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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ALVAREZ, JULIO A 7125 DICKENS AVE. MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALVAREZ, JULIO A	NAME	
STREET ADDRESS	7125 DICKENS AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
		1100000477685 04/06/06-30061-004 61.25	
TITLE	TVP SILVA, PEDRO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SILVA, PEDRO	NAME	
STREET ADDRESS	7125 DICKENS AVE #6	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	ST ARZAC, MARIA ROSA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ARZAC, MARIA ROSA	NAME	
STREET ADDRESS	7125 DICKENS AVE #1	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Julio Alvarez* **JULIO ALVAREZ DP** **3/19/06** **786-326-4508**