


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90352 039 ****61.25

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DOCUMENT # 717061					
1. Entity Name THREE HORIZONS, SOUTH, CONDOMINIUM, INC.					
Principal Place of Business 1465 NE 123RD STREET NORTH MIAMI, FL 33161		Mailing Address 7071 W COMMERCIAL BLVD STE 2B FORT LAUDERDALE, FL 33319			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #: etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1438437	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUNRISE MANAGEMENT SERVICES, INC. 7071 W COMMERCIAL BLVD #2B FORT LAUDERDALE, FL 33319			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURULL, ABRAHAM 1465 NE 123 ST #515 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUESADA, JOSE 1465 NE 123RD ST #214 NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSA, CRUCET 1465 NE 123 ST #311 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMOR, LEONARD 1465 NE 123RD ST #PH10 NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNDZ, RAFAEL 1465 NE 123 ST #810 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEEST, DESIREE 1465 NE 123RD ST #811 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEORGE, ANNIE 1465 NE 123 ST #405 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORDLUND, MARIE 1465 NE 123RD ST #211 NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEEST, DESIREE 1465 NE 123 ST #811 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, MARIOR 1465 NE 123RD ST #402 NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, DESIREE 1465 NE 123RD ST. #503 NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIAS RIUGRA 1465 NE 123 ST APT 212 N MIAMI FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jose Quesada</u> <u>JOSE QUESADA</u> <u>4/25/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>					