
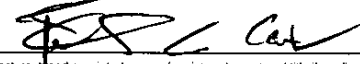
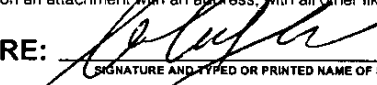


## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

06 NOV 20 11:13:06

<b>DOCUMENT # 722391</b> 1. Entity Name MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1920 S. OCEAN DRIVE HALLANDALE, FL 33009			Mailing Address 1920 S. OCEAN DRIVE HALLANDALE, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1429262	
_ Zip _		_ Country _		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312-6525				Name <b>JERALD C. CANTOR</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>4000 HOLLYWOOD BLVD,</b>	
				<b>SUITE 375 SOUTH</b>	
				City <b>HOLLYWOOD</b>	
				State <b>FL</b>	
				Zip Code <b>33021</b>	
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 <b>11/14/06</b>		
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2007, Fee will be \$297.50			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 HERSKOWITZ, LEON 1912 SOUTH OCEAN DRIVE HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT BRAUN 1912 S. OCEAN DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLESINGER, ARON 1920 S OCEAN DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081957968 11/20/06--01061--008 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBONI, JACQUES 1912 S OCEAN DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPUKH, VALERIAN 1912 S OCEAN BLVD. HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE AMINOV 1912 SOUTH OCEAN DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAUN, ROBERT 1912 S OCEAN DR HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROSPER AZERRAF 1920 SOUTH OCEAN DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELYAKIM, SIMON 1912 S OCEAN DR HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA DAVIS 1920 SOUTH OCEAN DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Change <input 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, 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Robert Braun, Pres.</b>		
			Date <b>11/13/06</b>		
Daytime Phone #					



REINSTATEMENT

Mitchell NOV 20 2006