


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90269 045 \*\*\*\*61.25

<b>DOCUMENT # 725749</b> 1. Entity Name <b>MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>% CARIBBEAN PROPERTY MNGMT 12301 SW 132 CT MIAMI, FL 33186 US</b>	Mailing Address <b>% CARIBBEAN PROPERTY MNGMT 12301 SW 132 CT MIAMI, FL 33186 US</b>
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03152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1462704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CARIBBEAN PROPERTY MANAGEMENT 12301 SW 132 COURT, SUITE 102 MIAMI, FL 33186</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORA, ALEX 900 SW 84 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIQUEZ, LUIS 900 SW 84 AVE APT 412 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARCAMES, FERNANDO 900 SW 84 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALMEDIA, JULIO 900 SW 8TH AVE APT 312 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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

Date

Daytime Phone #

*JULIO ALMEDIA*  
*Presidente*

*04-15-05*