
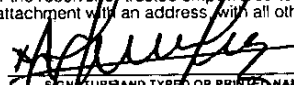


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90006 040 ****61.25

DOCUMENT # 725749 1. Entity Name MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business % CARIBBEAN PROPERTY MNGMT 12301 SW 132 CT MIAMI, FL 33186 US			Mailing Address % CARIBBEAN PROPERTY MNGMT 12301 SW 132 CT MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1462704	
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	
CARIBBEAN PROPERTY MANAGEMENT 12301 SW 132 COURT, SUITE 102 MIAMI, FL 33186				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 _____					
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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORA, ALEX		NAME	BLANCA, GEDRGINA	
STREET ADDRESS	900 SW 84 AVE		STREET ADDRESS	900 SW 84 AVE APT 216	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, LUIS		NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	900 SW 84 AVE APT 401		STREET ADDRESS	900 SW 84 AVE APT 401	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCAMES, FERNANDO		NAME	OLIVERA, JAVIER	
STREET ADDRESS	900 SW 84 AVE		STREET ADDRESS	900 SW 84 AVE APT 215	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI FL 33144	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMEDIA, JULIO		NAME	DIAZ, ADNER	
STREET ADDRESS	900 SW 8TH AVE APT 312		STREET ADDRESS	900 SW 84 AVE APT 301	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARCANE, FERNANDO	
STREET ADDRESS			STREET ADDRESS	900 SW 84 AVE APT 315	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: 			3/17/06 (305) 251-3848		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		