


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90169 044 ****61.25

DOCUMENT # 728042

1. Entity Name
ZURICH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 13480 NE 6TH AVE
 MIAMI, FL 33161 US

Mailing Address
 13480 NE 6TH AVE
 MIAMI, FL 33161 US


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

40063000



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2351488

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

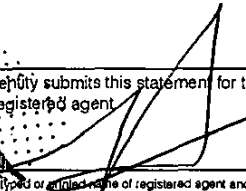
6. Name and Address of Current Registered Agent

GHEBREHWET, AFEWORKI
 13480 NE 6TH AVE
 MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I, 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

Filing Fee Is \$61.25
Due by May 1, 2006

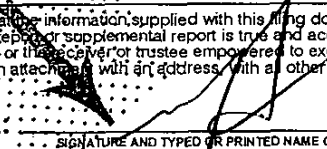
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AFEWORKI, GHEBREHWET 13480 NE 6TH AVE, #116 NORTH MIAMI, FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GACHELIN, JEAN N 13480 NE 6 AVE #304 MIAMI, FL 33161 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARTY, MYRON 13480 NE 6TH AVE # 311 MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHARLES, YVES 13480 NE 6TH AVE #114 NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WESLER, AIME 13480 NE 6TH AVE #316 NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WESLER, PATRICIA 13480 NE 6TH AVE #303 NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HANUEL ALDRO 13480 6TH AVE #303 NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S MILEIDA RODRIGUEZ 13480 NE 6th Ave #305 NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Patricia Thompson 13480 NE. 6th Ave #303 NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ANTHONY ALDRO 13480 NE. 6th Ave #305 NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOSE ANTONIO ALDRO 13480 NE. 6th Ave #305 NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOSE MANUEL ALDRO 13480 NE 6th Ave #305 NORTH MIAMI, FL 33161 |

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGN & DATE

SEE BACK