


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90280 028 \*\*\*\*61.25

<b>DOCUMENT # 728042</b>		
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40078347



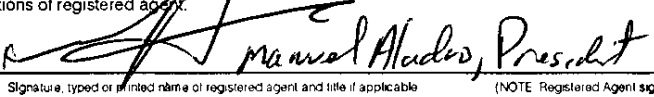
01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2351488	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALADRO, MANUEL			NAME			
STREET ADDRESS	13480 6TH AVE 303			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GACHELIN, JEAN N			NAME			
STREET ADDRESS	13480 NE 6 AVE #304			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, PETRICIA			NAME	BARRINGTON PATTERSON		
STREET ADDRESS	13480 NE 6TH AVE 303			STREET ADDRESS	13480 N.E. 6TH AVE APT #306		
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP	MIAMI, FL 33161		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALADRO, ANTHONY			NAME			
STREET ADDRESS	13480 NE 6TH AVE 305			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALADRO, JOSE A			NAME			
STREET ADDRESS	13480 NE 6TH AVE			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI, FL 33161			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONOELSBORO, JOSE			NAME	YOCASTA MATOS		
STREET ADDRESS	13480 NE 6TH AVE 305			STREET ADDRESS	13480 N.E. 6TH AVE APT # 213		
CITY-ST-ZIP	NORTH MIAMI, FL 33161			CITY-ST-ZIP	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.	
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SIGNATURE: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

786-797-0225