


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90280 028 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

40078347



01052007 Chg-NP CR2E037 (12/06)

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

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 *Manuel Aladro, President*
 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, 2007**

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 | PD | <input type="checkbox"/> Delete |
| NAME | ALADRO, MANUEL | |
| STREET ADDRESS | 13480 6TH AVE 303 | |
| CITY-ST-ZIP | MIAMI, FL 33161 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GACHELIN, JEAN N | |
| STREET ADDRESS | 13480 NE 6 AVE #304 | |
| CITY-ST-ZIP | MIAMI, FL 33161 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | THOMPSON, PETRICIA | |
| STREET ADDRESS | 13480 NE 6TH AVE 303 | |
| CITY-ST-ZIP | MIAMI, FL 33161 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALADRO, ANTHONY | |
| STREET ADDRESS | 13480 NE 6TH AVE 305 | |
| CITY-ST-ZIP | MIAMI, FL 33161 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALADRO, JOSE A | |
| STREET ADDRESS | 13480 NE 6TH AVE | |
| CITY-ST-ZIP | NORTH MIAMI, FL 33161 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MONOELSBORO, JOSE | |
| STREET ADDRESS | 13480 NE 6TH AVE 305 | |
| CITY-ST-ZIP | NORTH MIAMI, FL 33161 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRINTON PATTERSON | |
| STREET ADDRESS | 13480 N.E. 6TH AVE APT #306 | |
| CITY-ST-ZIP | MIAMI, FL 33161 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOCASTA MATOS | |
| STREET ADDRESS | 13480 N.E. 6TH AVE APT # 213 | |
| 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.

SIGNATURE: *Manuel Aladro, President* Date: _____ Daytime Phone #: **786-797-0225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR