



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90032 007 ****67.00

DOCUMENT # 728157 1. Entity Name THE ALMOND ASSOCIATION, INC.					
Principal Place of Business 13655 NE 3RD CT NORTH MIAMI, FL 33161 US				Mailing Address P.O. BOX 68-0267 MIAMI, FL 33168-0267 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 17 0938			
City & State Hialeah FL		City & State Hialeah FL			
Zip 33017		Country			
4. FEI Number 59-1890694		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01072006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent IBARRA, EDUARDO PRES 14612 NW 7TH AVE MIAMI, FL 33168			7. Name and Address of New Registered Agent Name Kuker, Howard L Street Address (P.O. Box Number is Not Acceptable) 508 Dadeland Towers North 9200 S. Dadeland Blvd City Miami FL 33156		
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 <u><i>[Signature]</i></u> DATE 3-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD IBARRA, EDUARDO 14612 NW 7 AVE MIAMI, FL 33168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IBARRA, EDUARDO P.O. Box 17-0938 Hialeah, FL 33017
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u><i>[Signature]</i></u> EdUARdo IBARRA 3-6-06 305 687-1200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					