


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90031 033 \*\*\*\*70.00

**DOCUMENT # 728410**

1. Entity Name  
**ANDALUSIA CONDOMINIUM CORP.**



Principal Place of Business  
**6200 WEST FLAGLER STREET  
 APT 204  
 MIAMI, FL 33154 US**

Mailing Address  
**C/O LM QUALITY MGMT  
 PO BOX 440915  
 MIAMI, FL 33144**

**60004318**



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

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

01092006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-1550209**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNEZ, LUZMARY  
 492 MINDRCA  
 MIAMI, FL 33134**

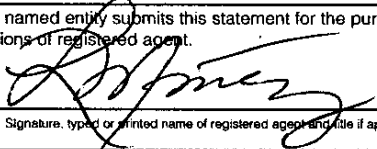
7. Name and Address of New Registered Agent

Name **LUZMARY NUNEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**6200 W. Flagler St #11**

City **Miami** FL Zip Code **33144**

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 **1/9/06**

(NOTE: Registered Agent signature required when reinstating)

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>MOREJON, CAROL</b>	
STREET ADDRESS	<b>6200 WEST FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>SATIAGO, PENA</b>	
STREET ADDRESS	<b>6200 W. FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>DRELLANA, JULIO</b>	
STREET ADDRESS	<b>6200 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>DIAZ-SALINERO, RAIDA</b>	
STREET ADDRESS	<b>6200 WEST FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SAAVEDRA, MARIO</b>	
STREET ADDRESS	<b>6200 WEST FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREJON, CAROL</b>	
STREET ADDRESS	<b>6200 W. Flagler St #206</b>	
CITY-ST-ZIP	<b>Miami FL 33144</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Santiago Peña</b>	
STREET ADDRESS	<b>6200 W. Flagler St. #105</b>	
CITY-ST-ZIP	<b>Miami, FL 33144</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Julio Orellana</b>	
STREET ADDRESS	<b>6200 W. Flagler St. #301</b>	
CITY-ST-ZIP	<b>Miami, FL 33144</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRaida Diaz-Salineso</b>	
STREET ADDRESS	<b>6200 W. Flagler St. #205</b>	
CITY-ST-ZIP	<b>Miami FL 33144</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eduardo Leyte Vidal</b>	
STREET ADDRESS	<b>6200 W. Flagler St. #405</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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   
**carol morejon - President**

**1/9/06 305-267-2755**  
**Phone**