2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Nam	#743169 OMINIUM ASSOC			O6 AUG -3 P								
Principal Place 860 N.E.78T BOX 100 MIAMI, FL 3	TH STREET	3	J-601	2851 LEONARD DR			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal F	Place of Busin	ess	3 Mailing Address 860 NE 78th Street]					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07192006 Ch	g-NP	CR2E	(4/06)		
City & State			City & State M , Am i			4. FEI Number Applied Fc 59-1914554 Not Applie			oplied For ot Applicable			
Zip Country		Zip Cou 33138		ountry					\$8.75 Add			
	6. Name	and Address of Current F		7. Name and Address of New Registered Agent								
NAZER, JOSE						Name SKRLD, INC. 1988						
2851 LEONARD DR						Street Address (P.O. Box Number is Not Acceptable)						
APT J-601 AVENTURA, FL 33160						201 alnambra cirde stelloz						
	200	- Zip Code										
COPAL GABLES FL 33134												
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.												
LISA A. LERNER, SECRETARY 7/28/06												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Unit												
	Amended	AR is \$61.25	\$5.00 May Be Added to Fees	ŧ	Make chec Florida Depa	k payable t riment of S						
10.		OFFICERS AND DIR	ECTORS	11.		Α	DDITIONS/CHANGE	S TO OF	FICERS AND D	IRECTORS IN	I 10	
TITLE	23 5550									☐ Change	☐ Addition	
NAME STREET ADDRESS	IAME BATTISTELLA, JOSE STREET ADDRESS 860 NE 78TH ST., #502						08/08/08		3467	0.11	.nn	
CITY-ST-ZIP MIAMI, FL 33138					REET ADDRESS Y-ST-ZIP		007 007 00	011	าวกกักต	i saatu.	100	
TITLE	SD	ete TITI		SD				Change	Addition			
NAME STREET ADDRESS	MOLNAR, JOSEPH					ROLA	AND MONTAS O NE 78th Street, # 304				/ •	
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,				REET ADDRESS Y-ST-ZIP	-		3138	, , , 50			
TITLE	TD		≥ Del	ete TITI	LE ·	TD	•			☐ Change	Addition	
NAME	1 - 4					ANA	MONIKA S	Chan d	T # 20	7		
· · · · · · · · · · · · · · · · · · ·					REET ADDRESS Y-ST-ZIP	860 mia		331		ſ	1	
TITLE	SD	- ,,	≱ Del			520	1, 12		-0	☐ Change	Addition	
NAME	ME KHAN, AIZAZ				ME		LES E. GA	02 20	ما _ح	,		
					REET ADDRESS Y-ST-ZIP	860	NE 78%	JiRey	上 #50	6		
TITLE	D D	. 33143	X Del			_m/ <i>f</i>	+m1, +C.	د	3738	☐ Change	Addition	
NAME	SPIRK, B	ANDON	~	NAI		NATA			0		/4	
					REET ADDRESS Y-ST-ZIP	840	NE 784 SI	1	9 05			
TITLE	D D	. 33130	Del				MI, PL	50	1138	☐ Change	Addition	
NAME	GUZMAN	, DANIEL	€2 Trei	NA)		EMiL				Grange	Addition	
STREET ADDRESS	1	TH STREET			EET ADDRESS	242	5 IN AGU	1	AVE			
CITY-ST-ZIP		ORES, FL 33138	lata Eliza al · ·		Y-ST-ZIP	MIA	FMI FL.	d= 0::: :	33133	att about 1		
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 anofficer 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 chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 6												
SIGNATURE: X 7/100/000000000000000000000000000000000												
SIGNATURE: X SIGNATURE AND TO FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #												

JC 8/7