2006 NOT-FOR-THIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 752202

1. Entity Name

TRES VIDAS CONDOMINIUM ONE, INC.



FILED Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90030 017 ****61.25

									
	Place of Business		Mailing Address		_ 	<u></u>			
BOX 37	V 2ND AVE.		6850 NW 2ND	AVE.		I			
BOCA RA	ATON FL 33487		BOX 37 BOCA RATON F			11111111	/220) BING NS/2 (1811 BONE (181 F	elan alan alan gidi bisi	
			BOOK III, O	L 33467					
2. Principar	al Place of Busines	S	3. Mailing Address	s			/2001 1/1/2 /0/5 10/7 00/10 1/0/	.1 8 11 618 11 1181 1 11811	
Suite, Ap	Apt. #, etc.		Suite, Apt. #, e	elc.		_			
City & Sta	State							2E037 (10/05)	
·	TOTAL	 	City & State		-	4. FEI Number		- +	Applied For
Zip		Country	Zip	Cot	untry		59-2122676	\$9.75 ·	Not Applicabl
	6. Name an	d Address of Curren	11 Registered Agent			5. Certificate of	_	S8.75 A	ldditional ired
			t negligitation water		Name	7. Name and A	ddress of New Regis	tered Agent	
PO'	DDINA, DORIS	; 		!	i				
BO	950 N.W. 2ND OCA RATON F	AVE. #21 FL 33487			Street Addre	ess (P.O. Box Number i	is Not Acceptable)		
		L U (1)							
* The show	al antitus pu				City			FL Zip Co	ode
the oblige	re named emity our	omits this statement in	for the purpose of chang	jing its registere	ad office or reg	istered agent, or both,	in the State of Florida	- Camillar wit	-
	Signature typed or pre		9. Electio	on Campaion Fir	inancina	pured when reustating) \$5.00 May Be	Make C	heck Payable	to
\(\frac{1}{2}\)	Signature typed or pre	EE IS \$61.25 By 1, 2006	9. Electio Trust F	on Campaign Fir Fund Contributio	inancina	\$5.00 May Be Added to Fees	Make C Florida De	heck Payable	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 in the receiver of the corporation or on an attachment with an address, with all other like empowered.

SIGNATURE:	Treas/
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT