
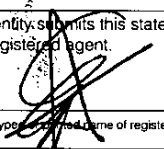
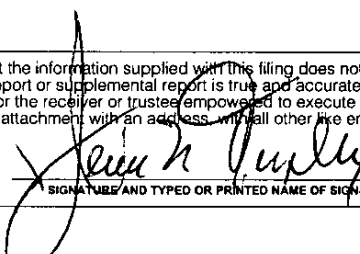


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90311 041 ****61.25

DOCUMENT # 758166 1. Entity Name LA ARBOLEDA II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 275 FONTAINEBLEAU BLVD #140 MIAMI, FL 33172 US			Mailing Address C/O EXCEL MANAGEMENT ASSOCIATES, INC. 2510 N.W. 97TH AVENUE, SUITE 200 DORAL, FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2199439				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, ELIANA EXCEL MANAGEMENT ASSOC. 275 FONTAINEBLEAU BLVD, #140 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name <u>Alvarez Eliana</u> Street Address (P.O. Box Number is Not Acceptable) <u>Excel Management</u> <u>2570 NW 97 AVE #200</u> City <u>DORAL</u> FL Zip Code <u>33172</u>		
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 					
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, 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUJILLO, JESUS		NAME		
STREET ADDRESS	710 NW 106 AVE. #1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, ERICK		NAME		
STREET ADDRESS	750 NORTHWEST 106TH AVE #4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, GLORIA		NAME		
STREET ADDRESS	760-5 NW 106 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMENGOL, CARLOS		NAME		
STREET ADDRESS	750-2 NW 106 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FERRY, JEREMY		NAME	<u>Castro, Ann</u>	
STREET ADDRESS	860-3 NW 106TH AVE		STREET ADDRESS	<u>760-3 NW 106 ave</u>	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	<u>MIAMI, FL 33172</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 full other like empowered.					
SIGNATURE: 			President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/6/06		