


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # 760248 1. Entity Name ALTAMIRA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 921 SW 27TH AVE MIAMI, FL 33135	Mailing Address 921 SW 27TH AVE 1-C MIAMI, FL 33135
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01132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0134382	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 CABRERA, FROILAN 921 SW 27TH AVE SUITE 1C MIAMI, FL 33135

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, FROILAN 921 SW 27TH AVE, SUITE 1C MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGELINI, MARTHA 921 SW 27TH AVE, SUITE 2A-2B MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, JOSE A 921 SW 27TH AVE., SUITE 1A MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80032-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07 305-644-4475
Date Daytime Phone #