


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

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 761056</b> 1. Entity Name ALHAMBRA ONE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1451 HAMMOND DR MIAMI SPRINGS, FL 33166-0232	Mailing Address 1451 HAMMOND DR MIAMI SPRINGS, FL 33166-0232
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**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SAKHOVSKY, NICHOLAS A. 1451 HAMMOND DR MIAMI SPRINGS, FL 33166-0232
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAKHOVSKY, A.A. 1451 HAMMOND DR MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SAKHOVSKY, O R 1451 HAMMOND DR MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VELAZQUEZ, A.M. 1701 W. 80TH ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORBE, O 1645 W 42 ST APT 1 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORBE, I 1645 W 42 ST APT 1 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000651780  
03/09/07-80021-020 61.25

**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:** Orlando Orbe **ORLANDO ORBE** 2-22-07 35-856-1975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone