

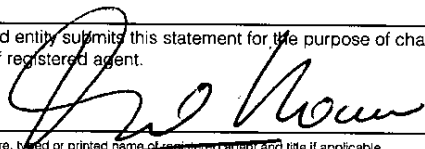


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90303 042 \*\*\*\*61.25

<b>DOCUMENT # 761519</b> 1. Entity Name <b>MEDLEY PLANTATION ASSOCIATION, INC.</b>					
Principal Place of Business <b>8191 NW 91 TERR BAY 9 MEDLEY, FL 33166 US</b>			Mailing Address <b>8191 NW 91 TERR BAY 9 MEDLEY, FL 33166 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>8181 N.W. 91 Terr. #10</b>  Suite, Apt. #, etc.			
City & State 		City & State <b>Medley, FL</b>			
Zip 	Country 	Zip <b>33166</b>	Country <b>Miami-Dade</b>		
4. FEI Number <b>59-2346454</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01062006 Chg-NP CR2E037 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  <b>MERLOS, EDDIE 8171 NW 91 TERRACE #5 MEDLEY, FL 33166</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Marcel Ruiz</b> Street Address (P.O. Box Number is Not Acceptable) <b>8181 N.W. 91 Terr. #4</b> City <b>Medley, FL</b> Zip Code <b>33166</b>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>05/02/06</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERLOS, EDDIE 8191 NW 91 TERRACE., #7 MEDLEY, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marcel Ruiz 8181 N.W. 91 Terr. #4 Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, ALAIN 8191 NW 91ST TERR #7 MEDLEY, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Muriel Romain 8181 N.W. 91 Terr. #10 Medley, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MICHELSON, MALCOLM D 8191 NW 91ST TERR #9 MEDLEY, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Minerva Cortes 8181 NW 91 Terr. #2 Medley, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANCHES, GUSSIE 8181 NW 91 TERRACE, #6 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malcolm D. Michelson 8191 NW 91 Terr. #9 Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, MARCEL 8181 NW 91 TERRACE. #4 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alain Fernandez 8171 N.W. 91 Terr. #5 Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMAZABAL, WALTER 8191 NW 91 TERRACE, #3 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Natalie Sante 8181 N.W. 91 Terr. #1 Medley, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**  **Marcel Romain** **05/02/06** **305 888 2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #