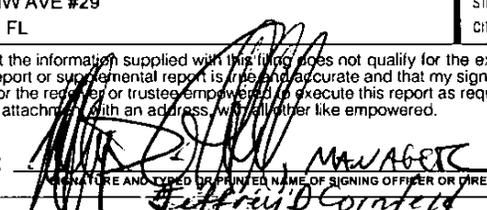


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90349 012 \*\*\*\*61.25

<b>DOCUMENT # 761538</b>					
1. Entity Name INTERAMERICAS INDUSTRIAL PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O UNIVERSAL REALTY MANGAEMENT CROP. 3850 HOLLYWOOD BLVD., SUITE #400 HOLLYWOOD, FL 33021			Mailing Address C/O UNIVERSAL REALTY MANGAEMENT CROP. 3850 HOLLYWOOD BLVD., SUITE #400 HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONFELD, JEFFERY D. 3850 HOLLYWOOD BLVD., SUITE #400 HOLLYWOOD, FL 33021				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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</b> 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	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNFELD, JEFFERY D.			NAME	
STREET ADDRESS	3850 HOLLYWOOD BLVD #400			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOUGALL, STEPHEN			NAME	MAC Dougall, Stephen
STREET ADDRESS	5220 NW 72 AVENUE #34			STREET ADDRESS	5220 NW 72 Ave #34
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	Miami, FL
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHOA, HUGO			NAME	
STREET ADDRESS	5220 NW 72 AVENUE #7			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIRDARIS, GEORGE			NAME	
STREET ADDRESS	5220 NW 72ND AVE #22			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSUMECI, ANTHONY			NAME	Musumeci, Anthony
STREET ADDRESS	5220 NW 72ND AVE #4			STREET ADDRESS	5220 NW 72 Ave #4
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	Miami, FL
TITLE	D	<input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, MANUEL			NAME	Quinones, Manuel
STREET ADDRESS	5220 NW AVE #29			STREET ADDRESS	5220 NW 72 Ave #29
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	Miami FL
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 registered 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 another like empowered.					
SIGNATURE: 				Date: 4/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (954) 989-2200	