
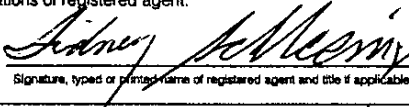
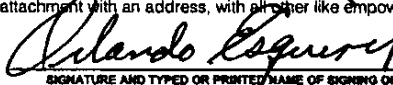


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90067 013 \*\*\*\*61.25

<b>DOCUMENT # 764732</b> 1. Entity Name <b>PORTUGAL TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3200 COLLINS AVENUE MIAMI BEACH, FL 33140</b>				Mailing Address <b>3200 COLLINS AVENUE MIAMI BEACH, FL 33140</b>	
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 <b>59-2286923</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ESQUIVEL, ORLANDO 3200 COLLINS AVE # 88 MIAMI, FL 33140</b>				7. Name and Address of New Registered Agent Name <b>SCHLESINGER, SIDNEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3200 Collins Ave. #25</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33140</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.  SIGNATURE  <b>SCHLESINGER, SIDNEY</b> February 3rd, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	ALVARADO, AFRA				
STREET ADDRESS	3200 COLLINS 105				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	LIPSHITZ, LUDVIG				
STREET ADDRESS	3200 COLLINS AVE, # 58				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	ESQUIVEL, ORLANDO				
STREET ADDRESS	3200 COLLINS AVE #88				
CITY-ST-ZIP	MIAMI BEACH, FL				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	GLUCK, ANDOR				
STREET ADDRESS	3200 COLLINS AVE, # 52				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	REICH, PETER				
STREET ADDRESS	3200 COLLINS AVENUE, #31				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	ANDRADES, GRACIELA				
STREET ADDRESS	3200 Collins Ave. #113				
CITY-ST-ZIP	Miami Beach, FL 33140				
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	SCHLESINGER, SIDNEY				
STREET ADDRESS	3200 Collins Ave. #25				
CITY-ST-ZIP	Miami Beach, FL 33140				
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ESQUIVEL, ORLANDO				
STREET ADDRESS	3200 Collins Ave. #88				
CITY-ST-ZIP	Miami Beach, FL 33140				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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 all other like empowered.					
<b>SIGNATURE:</b>  <b>ESQUIVEL, ORLANDO</b> 2/03/2006 305-673-6259 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					