## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # K98966**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1. Entity Name 400 ALHAMBRA CIRCLE CORPORATION



**FILED** Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90031 041 \*\*\*150.00

Daytime Phone #

					TEET P						
2600 DOUGL CORAL GABLI	RG MGMT CORP. AD RD #1004 ES, FL 33134 US	Mailing Address C/O PACIFIC RG MGMT CORP. 2600 DOUGLAD RD #1004 CORAL GABLES, FL 33134 US					8    8 8   8 8   8 8				
396_	lace of Business  ALHAMBRA CIRCLE	3. Mailing Address 396 ALHAMBRA CIRCLE									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01102006	Chg-P	CR2E0	34 (11/05)			
City & State	L GABLES FL.	Corne Enblus FL.			<b>ス</b>	4. FEI Numbe 65-019			_ <del>                                    </del>	plied For t Applicable	
Zip 33/5	Country 24	Zip 33/34/ Country				5. Certificate	of Status Desire		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Nev	w Registered	Agent		
MURAL WALD, BIONDO, & MORENO, PA					Name MURAT WALD BIONDO MORENO & BROCKIN  Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33131		204			MABRA	PLAZA	PENTY	ouse 1.	3	
<u> </u>					CORAL GASKES FL Zip Code 33/34						
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 priftied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO C	OFFICERS AND	DIRECTORS	S IN 11	
TITLE	PD	☐ Delete	TITLE						Change	☐ Addition	
NAME	ISAIAS, ROBERTO  NAI 2600 DOUGLAS PD #1004			E ET ADDRESS	296	ALHAMBRA	cincle s	172-100			
STREET ADDRESS City-St-Zip	2600 DOUGLAS RD #1004 MIAMI, FL			-ST-ZIP	E1 331316						
TITLE	VDT	Delete	TITLE	- +		-		·	☐ Change	Addition	
NAME	ISAIAS, WILLIAM		NAM	ε			cincle S	17: 100			
STREET ADDRESS				ET ADDRESS	396	ALHAMSILA	es FL	22/14		]	
CITY-ST-ZIP	MIAMI, FL		_	-ST-ZIP		A C 040 L	/~	27/27			
TITLE NAME	VDS ISAIAS, ESTEFANO	☐ Delete	TITLE NAM	1						☐ Addition	
STREET ADDRESS	2600 DOUGLAS RD #1004			ET ADDRESS	396	ALHAMBRO	CIACLO	572 /00	_		
CITY-ST-ZIP	MIAMI, FL		СПҮ	-ST-ZIP	CUA	ean 6751	d, Fx	33/34			
TITLE	0	☐ Delete	TITL	E		•		01 A	Change	Addition	
NAME	CARMEN MORLA, MARIA DEL		NAM	E .	77.A.G.	A DER CAI	CHEN 170	STE 100		į	
STREET ADORESS CITY-ST-ZIP	2600 DOUGLAS ROAD, STE 100 CORAL GABLES, FL 33139	<b>)4</b>		-ST-ZIP	Coll	al 646L	CHEN MO ON CIRCLO	33/34			
TITLE	00.0 2 3, 5223, 12 30.03	Delete	TITLE						☐ Change	Addition	
NAME			NAM	:E					_ •	_	
STREET ADDRESS			STRE	EET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP						}	
TITLE		☐ Delete	TITL	1					☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP						Ī	
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for strue and accurate and that r	or the ex-	emptions co	ontained	d in Chapter 119 same legal effec	Florida Statute	es. I further cer der oath; that I	tify that the i	nformation or director	
12. Prefety certify that the information supplied with this little dealing to the exemptions contained in change in Funda statutes. I will be contained in 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 607, 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.											