


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

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90027 003 \*\*\*\*61.25

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DOCUMENT # N01000000351					
1. Entity Name EL PUEBLO DE VERA, CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7750 WEST 26TH AVENUE, STE 4 HIALEAH, FL 33016		Mailing Address PO BOX 160710 HIALEAH, FL 33016			
2. Principal Place of Business 8600 NW 17 ST Suite, Apt. #, etc. Suite 145		3. Mailing Address 8600 NW 17 ST Suite, Apt. #, etc. Suite 145			
City & State Doral Florida		City & State Doral Florida		4. FEI Number 65-1079864	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA PROPERTY MANAGEMENT GROUP CORP 7750 WEST 26TH AVENUE, STE 4 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Dennis Eisinger, P.A. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd, Suite 265-S City Hollywood FL Zip Code 33021		
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 <u>Dennis Eisinger</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>8/25/06</u>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PD	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZA, MARIA E		NAME	Arrastia, RAUL	
STREET ADDRESS	5765 WEST 25TH CT, #212		STREET ADDRESS	5825 W. 25 Court # 301	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IBARRA, JOSE		NAME	Figueroa, Jaiser	
STREET ADDRESS	5765 WEST 25TH CT #301		STREET ADDRESS	5765 W. 25 CT Apt #309	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRASTIA, RAUL L		NAME	Fagundo, Georgina	
STREET ADDRESS	5825 WEST 25TH CT, #301		STREET ADDRESS	5701 W 25 CT Apt. 201	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINTANA, MIGUEL		NAME	Mezgerne, Ricardo	
STREET ADDRESS	5765 WEST 25TH CT, #312		STREET ADDRESS	5765 W. 25 CT Apt. 403	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Hialeah, FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Hernandez, Ulises	
STREET ADDRESS			STREET ADDRESS	5701 W. 25 CT Apt. 407	
CITY-ST-ZIP			CITY-ST-ZIP	Hialeah, FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>8/20/06</u> Date	
				DAYTIME PHONE # <u>305-915-2801</u> Daytime Phone #	