2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2006 8:00 am
Secretary of State
07-27-2006 90016 033 ****61.25

DOCUMENT # N01000000837

1. Entity Name

ALHAMBRA SEVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5255 W 26TH AVE., #5 HIALEAH FL 33014	5255 W 26TH AVE., #5 HIALEAH FL 33014

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2nd MOORE CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
5255 W 26 AVE	5255 W 26 AVE [illegible]
Suite, Apt. #, etc. Apt #5	Suite, Apt. #, etc. #5
City & State Hialeah, FIA	City & State Hialeah, FIA
Zip 33016 Country M. DADE	Zip 33016 Country M. DADE

4. FEI Number 65-1095562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ, JUAN E 5255 W 26TH AVE. (#9) #5 HIALEAH FL 33014	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

Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NOYOLA, MELBA 5255 W 26TH AVE #5 HIALEAH FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIANA MARTINEZ 5255 W 26 AVE # 14 HIALEAH FIA 33016 SD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTINEZ, ELIDO J 5255 W 26TH AVE #13 HIALEAH FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TORRES, CAROLINA 5255 W 26TH AVE., #9 HIALEAH FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Melba L Noyola MELBA L. NOYOLA (PRESIDENT) 7-18-06 (305)827-5875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #