2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000972

Entity Name: FLORIDA/FTAA, INC.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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BILTMORE CONF. CTR. OF THE AMERICAS 1200 ANASTASIA AVENUE

1200 ANASTASIA AVE., #500 SUITE 500 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

BILTMORE CONF. CTR. OF THE AMERICAS
1200 ANASTASIA AVE., #500
CORAL GABLES, FL 33134

1200 ANASTASIA AVENUE
SUITE 500
CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

FEI Number: 59-3696291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALDELON, INES

1200 ANASTASIA AVENUE

500

SUITE 500

SUITE 500

MIAMI, FL 33134 US CORAL GABLES, FL 33134 US

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.

SIGNATURE: JORGE ARRIZURIETA 01/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: C () Delete Title: () Change () Addition

 Name:
 COBB, CHARLES E
 Name:

 Address:
 255 ARAGON AVE., STE 333
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 VILLAMIL, J. ANTONIO
 Name:

 Address:
 2655 LE JEUNE ROAD STE 608
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 ARRIZURIETA, JORGE
 Name:

 Address:
 1200 ANASTASIA AVE., #500
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE ARRIZURIETA P 01/10/2006