


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003477

1. Entity Name
 2552 CONDOMINIUM INC.



Principal Place of Business
 2552 SW 9TH ST, #3
 MIAMI, FL 33135

Mailing Address
 2552 SW 9TH ST, #3
 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



02282008 No Chg-NP CR2E037 (11/05)

4. FEI Number
 65-1105994 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, JAIME H
 2552 SW 9TH ST, #3
 MIAMI, FL 33135

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, MARIA G 2552 SW 9TH ST, #3 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARCIA, JAIME H 2552 SW 9TH ST, #3 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARCIA, DAVID H 2552 SW 9TH ST, #3 MIAMI, FL 33135
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 03/15/06-80031-013 61.25

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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 filers empowered.

SIGNATURE: Jaime H Garcia 3/28/06 305-498-698
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #