


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90418 037 ****61.25

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1. Entity Name
SUNSET MEDICAL PLAZA CONDOMINUM ASSOCIATION, INC.



Principal Place of Business
 7265 SW 93RD AVENUE
 SUITE 202
 MIAMI, FL 33173

Mailing Address
 P.O BOX 330044
 MIAMI, FL 33233

40079783



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
02-0522028

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

MARTINI, GREGORY T ESQ.
 2655 LEJEUNE RD., STE. 1101
 CORAL GABLES, FL 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D GOMEZ, COSME A**
 STREET ADDRESS **7265 SW 93RD AVENUE SUITE 201**
 CITY-ST-ZIP **MIAMI, FL 33173**

Change Addition

TITLE Delete
 NAME **D MEJIA, JORGE R**
 STREET ADDRESS **7265 SW 93RD AVENUE SUITE 203**
 CITY-ST-ZIP **MIAMI, FL 33173**

Change Addition

TITLE Delete
 NAME **D GARCIA-MILNER, ROSA M**
 STREET ADDRESS **7265 SW 93RD AVENUE SUITE 202**
 CITY-ST-ZIP **MIAMI, FL 33173**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

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: Rosa M. Garcia-Milner **4/17/06** **(305) 643-5040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #