

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 041 ****61.25

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01102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N02000005844 1. Entity Name M RESORT RESIDENCES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 18683 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US		Mailing Address C/O CARLOS CARBALLO 1300 BRICKELL AVENUE MIAMI, FL 33131 US	
2. Principal Place of Business 18683 COLLINS AVENUE Suite, Apt. #, etc.		3. Mailing Address 18683 COLLINS AVENUE Suite, Apt. #, etc.	
City & State SUNNY ISLES BEACH, FL Zip 33160 Country US		City & State SUNNY ISLES BEACH, FL Zip 33160 Country US	
4. FEI Number 20-1792762		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA LLC 100 SOUTHEAST SECOND STREET, STE. 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP CHORON, RON L 1300 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV IMERY, EDUARDO 1300 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST APARICIO, ALEJANDRO 1300 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.			
SIGNATURE:		3/7/2006 305 351 1000 Date Daytime Phone #	