


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90024 039 ****61.25

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 18683 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40110112



04162007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1792762	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REGISTERED AGENTS OF FLORIDA LLC 100 SOUTHEAST SECOND STREET, STE. 2900 MIAMI, FL 33131		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
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Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	
NAME	CHORON, RON L	NAME	
STREET ADDRESS	1300 BRICKELL AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33131	CITY - ST - ZIP	
TITLE	DV	TITLE	
NAME	IMERY, EDUARDO	NAME	
STREET ADDRESS	1300 BRICKELL AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33131	CITY - ST - ZIP	
TITLE	DVST	TITLE	
NAME	APARICIO, ALEJANDRO	NAME	
STREET ADDRESS	1300 BRICKELL AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33131	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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