

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 12, 2006
Secretary of State

DOCUMENT# N03000001220

Entity Name: ABSOLUT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**245 MICHIGAN AVE
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 402507
MIAMI BEACH, FL 33140**New Mailing Address:****FEI Number:** 20-0897179**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COMPLETE PROPERTY MGMT.
3550 BISCAYNE BLVD.
SUITE 401
MIAMI, FL 33137 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: ELLIOT, TRACY
Address: 245 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139**Title:** VP () Delete
Name: MANHIRE, KATIE
Address: 245 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ST (X) Change () Addition
Name: MANHIRE, KATIE
Address: 245 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140**Title:** VP () Change (X) Addition
Name: PERNAS, JORGE A
Address: 245 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

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: TRACY ELLIOT

P

06/12/2006

Electronic Signature of Signing Officer or Director_____
Date