## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 01, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N0300000 MDOMINIUM ASSOCIATI							03-01-200	06 90390	042 ****13	50.00
3837 SW 8TH STREET			Mailing Address 3837 SW 8TH STREET MIAMI, FL 33134					075233			11 <b>21 B6 1BB</b> 4
2. Principal P	flace of Business	3. Maiti	ng Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04202006	Chg-NP	CR2E0	37 (11/05)		
City & State		City & State					4. FEI Numbe 20-1118	344		<del></del>	plied For t Applicable
Zip	Zip Country		Zip		Country			of Status Desired		\$8.75 Add Fee Required	itional
	6. Name and Address of Curre	nt Registere	d Agent				7. Name and	Address of New	Registered	Agent	
POLLINICE	בם- פספבפד כ בפס				Name						
BOLLINGER, ROBERT F ESQ. RICHARD S. GENDLER & ASSOCIATES, P.A. 2828 CORAL WAY, SUITE 304					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33145				<u></u>						
					City				FL	Zip Code	Э
								h, in the State of I		familiar with,	and accept
	Signature, typed or printed name of registered ag	ent and title 4 app	licable. (NOT	E: Registere	ed Agent signat	ture required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	ent and title 4 app	9. Election Car Trust Fund (	mpaign f	Financing	ure required	\$5.00 May Be Added to Fees	9	Make chec orida Depai		
10.	Filing Fee is \$61.25		9. Election Car	mpaign f	Financing tion.		\$5.00 May Be Added to Fees	9	Make chec orida Depai	tment of St	ate
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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 tripstee 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

4-28-06 Date

( 400) 440-1301