
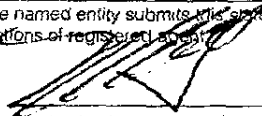


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010124</b>			
1. Entity Name <b>EAST MEDLEY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>P.O. BOX 228055 MIAMI FL 33122</b>		Mailing Address <b>P.O. BOX 228055 MIAMI FL 33122</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MP PROPERTY MGMT ATTN: MYRIAM PLACIOS 2600 NW 87 AVE #32 MIAMI FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		DATE <b>1-25-2006</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE) Registered Agent signature required when reinstating	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD BLANCO, RAINEIRY 8125 NW 74 AVENUE UNIT 2 MIAMI FL 33166</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>U00000424820 02/18/06-80068-001 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD GUILLEN, LOLY 5430 SW 97 AVE MIAMI FL 33165</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD MIRANDA, WILLIAM J 5981 SW 136TH STREET MIAMI FL 33156</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD PALACIOS, MYRIAN P O BOX 228055 MIAMI FL 33122</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE  **1-26-2006**