2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N03661 01-13-2006 90047 005 ****61.25 EL POLO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 401 SW 109 AVNEUE 3505 S OCEAN DRIVE 60001551 MIAMI, FL 33174 # 3-B HOLLYWOOD, FL 33019 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E037 (11/05) Cha-NP Applied For City & State City & State 4. FEI Number 59-2797083 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESTEVEZ, AIDA Street Address (P.O. Box Number is Not Acceptable) 3505 SOUTH OCEAN DRIVE SUITE 31 HOLLYWOOD, FL 33019 City 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Change ☐ Addition ESTEVEZ, AIDA NAME NAME STREET ADDRESS 3505 SOUTH OCEAN DRIVE STE 3A STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Strange ☐ Addition Delete Arabia Ladner RAGONESI, ANALIA NAME NAME 3505 Sp. Ocean DR. 3A 3505 SOUTH OCEAN DRIVE STE 3A STREET ADDRESS STREET ADDRESS CRY-ST-ZIP HOLLYWOOD, FL 33019 HO114WOOD, Flg. 33019 CATY-ST-ZIP VPD TIRE ☐ Detete TITLE ☐ Change ■ Addition ESTEVEZ, ULISES NAME 3505 SOUTH OCEAN DRIVE STE 3A STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empow SIGNATURE:

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 13, 2006 8:00 am

Daytime Phone #