

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90016 038 \*\*\*\*61.25

**50000512**



<b>DOCUMENT # N05000000435</b>	
1. Entity Name DCP-II CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 2977 MCFARLANE ROAD UNIT 303 MIAMI, FL 33133	Mailing Address 2977 MCFARLANE ROAD UNIT 303 MIAMI, FL 33133
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2. Principal Place of Business <b>6000 N.W. 97 AVENUE</b>		3. Mailing Address <b>435 SW 123 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33178</b>	Country <b>USA</b>	Zip <b>33184</b>	Country <b>USA</b>

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-3021266</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC.</b> ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <b>C-R-MANAGEMENT + INVESTMENTS, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>435 S.W. 123 AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33184</b>	
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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 <i>Jose R. Rodriguez</i> Signature typed or printed name of registered agent and title, if applicable.	<b>Jose R. Rodriguez</b> (NOTE: Registered Agent signature required when re-registering)	DATE <b>2/17/06</b>

Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, JOSEPH 2977 MCFARLANE ROAD, UNIT 303 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7270 NW 12 ST., STE 100</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAUNAURD, MANOLO 2977 MCFARLANE ROAD, UNIT 303 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 N.W. 97 AVE., UNIT 26</b> <b>MIAMI, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, VERONICA 2977 MCFARLANE ROAD, UNIT 303 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 NW 97 AVE., UNIT 21</b> <b>MIAMI, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Veronica Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <b>2/17/06</b> DAYTIME PHONE: <b>305-477-9232</b>