

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 23, 2006
Secretary of State**

DOCUMENT# N05000001683

Entity Name: MIRADOR 1035 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:1000 WEST AVE
MIAMI BEACH, FL 33139**New Principal Place of Business:**1035 WEST AVE
MIAMI BEACH, FL 33139**Current Mailing Address:**1000 WEST AVE
MIAMI BEACH, FL 33139**New Mailing Address:**C/O BLUE SKY MIAMI
1680 MICHIGAN AVE STE 908
MIAMI BEACH, FL 33139

FEI Number: 20-2580391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HILLEY AND WYANT-CORETEZ, PA
860 US HWY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 US**Name and Address of New Registered Agent:**R MAXWELL SHEINER
BLUE SKY MIAMI
1680 MICHIGAN AVE STE 908
MIAMI BEACH, FL 33139 US

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: RM SHEINER

08/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: BRAHA ANAVIM, LAUREN N
Address: 1035 WEST AVE # 501
City-St-Zip: MIAMI BEACH, FL 33139Title: VPD () Delete
Name: JIMENEZ, VICTORINA H
Address: 1035 WEST AVE # 403
City-St-Zip: MIAMI BEACH, FL 33139Title: STD () Delete
Name: LIPSKIER, ZEV
Address: 1035 WEST AVE # 505
City-St-Zip: MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAUREN BRAHA/RMS

D

08/23/2006

Electronic Signature of Signing Officer or Director

Date