2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002518

FILED May 03, 2006 Secretary of State

Entity Name: 223 CALABRIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

223 CALABRIA AVE 223 CALABRIA AVE APT 11 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

223 CALABRIA AVE 223 CALABRIA AVE APT 11 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 20-4225830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRISALES-RACINI, OSCAR

1911 HARRISON STREET

HOLLYWOOD, FL 33020 US

CRESPO, RAMON

223 CALABRIA AVE APT 11

CORAL GABLES, FL 33134 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: JULIO CARBONEL 05/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

Name: ALVAREZ, JOSE A Name: CRESPO, RAMON

 Address:
 4801 S UNIVERSITY DR SUITE 2200
 Address:
 223 CALABRIA AVE APT 11

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: V () Delete Title: D (X) Change () Addition

Name: CARBONELL, JULIO M Name: MATOUK, MARCO

 Address:
 4801 S UNIVERSITY DR SUITE 2200
 Address:
 223 CALABRIA AVE APT 9

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:
 CORAL GABLES, FL 33134

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TS} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:RIVERO, ALFREDOName:LLEVADA, JERRYAddress:4801 S UNIVERSITY DR SUITE 2200Address:223 CALABRIA AVE APT 1City-St-Zip:DAVIE, FL 33328City-St-Zip:CORAL GABLES, FL 33134

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: JULIO CARBONEL P 05/03/2006