


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-17-2006 90402 014 ****61.25

DOCUMENT # N05000002830

1. Entity Name
THE ROADS CIVIC ASSOCIATION, CORP.



Principal Place of Business
**2800 SW 5TH AVE
 MIAMI, FL 33129**

Mailing Address
**2800 SW 5TH AVE
 MIAMI, FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-2528939

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, JOSE M
 2100 SALZEDO STREET SUITE 300
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SUAREZ, ENRIQUE H	
STREET ADDRESS	2800 SW 5TH AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	UTSET, MANUEL	
STREET ADDRESS	471 SW 25TH RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CABRERA, ALEX	
STREET ADDRESS	2800 SW 5TH AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	TD	<input type="checkbox"/> Delete
NAME	UTSET, EDUARDO	
STREET ADDRESS	2736 SW 7TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE M	
STREET ADDRESS	466 SW 22ND RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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: *E. Suarez* **04/04/06** **305-856-8181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #