


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000005366			
1. Entity Name 3277-3275 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 440 EAST 53RD STREET HIALEAH, FL 33013		Mailing Address 440 EAST 53RD STREET HIALEAH, FL 33013	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, FERMIN 440 EAST 53RD STREET HIALEAH, FL 33013		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	
NAME	RODRIGUEZ, FERMIN	NAME	
STREET ADDRESS	440 EAST 53RD STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	GARICA, PEDRO	NAME	
STREET ADDRESS	440 EAST 53RD STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	FARCIA, JR., PEDRO	NAME	
STREET ADDRESS	440 EAST 53RD STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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>Fermin Rodriguez</i>		President 1/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

