

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# N05000008272

Entity Name: 3433-3435 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16120 SW 71ST TERRACE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

16120 SW 71ST TERRACE
MIAMI, FL 33193

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, RAFAEL
16120 SW 71ST TERRACE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, RAFAEL
Address: 16120 SW 71ST TERRACE
City-St-Zip: MIAMI, FL 33193

Title: VSD () Delete
Name: RAMOS, ROGELIO
Address: 16120 SW 71ST TERRACE
City-St-Zip: MIAMI, FL 33193

Title: TD () Delete
Name: RAMOS, RAMIRO
Address: 16120 SW 71ST TERRACE
City-St-Zip: MIAMI, FL 33193

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: RAFAEL RAMOS

PD

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date