


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 OCT 25 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012285		
1. Entity Name THREE ROUND TOWERS RESIDENT ASSOCIATION INC.		

Principal Place of Business 2800 NW 18 AVE MIAMI, FL 33142	Mailing Address 2800 NW 18 AVE MIAMI, FL 33142
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2. Principal Place of Business 2800 NW 18 AVE	3. Mailing Address 2800 NW 18 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida
Zip 33142	Country USA

10182006 REIN-NP CR2E099 (11/05)



6. Name and Address of Current Registered Agent CALDERIN, WILLIAM 1150 NW 11ST RD MIAMI, FL 33136	
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7. Name and Address of New Registered Agent Name Jose Echevarria Street Address (P.O. Box Number is Not Acceptable) 2870 N.W. 18 Ave. #12D Miami, Florida. 33142 City Miami FL Zip Code 33142	
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 Jose Echevarria, President <i>Jose Echevarria</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE October 19/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEVARRIA, JOSE 2870 NW 18 AVE - # 8C MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081164841 10/25/06--01005--010 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALDES, CARLOS 2870 NW 18 AVE - # 12D MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, PASTORA 2870 NW 18 AVE - # 12H MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <i>06/15/06</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Jose Echevarria</i> JOSE ECHEVARRIA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 10/19/06 (305)633-2742 <small>Daytime Phone #</small>