


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 010 ****61.25

DOCUMENT # N06255	
1. Entity Name MARBELLA VILLAS A CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2275-2289 W. 55TH STREET HIALEAH, FL 33016 US	Mailing Address C/O CAM MANAGEMENT SERVICES P.O. BOX 5103 HIALEAH, FL 33014
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30100100

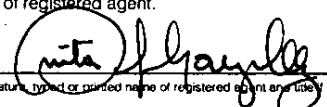


08202006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0239906		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, ANITA 1800 W 49 ST #330 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name CAM Management Services Street Address (P.O. Box Number is Not Acceptable) Anita Gonzalez 6175 N.W. 167 St. # G1 City Miami Lakes FL Zip Code 33015	
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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.

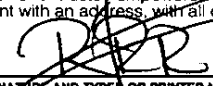
SIGNATURE  DATE **08/21/06**

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 September 6, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, DALIA 2289 W 55 ST HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Ramon Rivera 2275 W. 55 St. Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, ANA V 13426 SW 46TH LANE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Jose L. Acosta 2295 W. 55 St. Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, RUTH 2293 W 55ST HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Orlando Baragano 2283 W. 55 St. Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIMENEZ, DALIA 2289 W 55ST HIALEAH, FL 33016 <input checked="" 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:  **Ramon Rivera** **8/21/06** **(305) 826-9191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #