

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90006 041 ****61.25

DOCUMENT # N07171

1. Entity Name
 SOUTH MIAMI BUSINESS CENTER SEC. TWO
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 13800 SW 144TH AVE ED
 MIAMI, FL 33186 US

Mailing Address
 13800 SW 144TH AVE RD
 MIAMI, FL 33186 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40037003



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0184102

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUITS, STEPHEN
 C/O LAND CAP PROPERTY SVCS
 13800 SW 144TH AVE RD
 MIAMI, FL 33186

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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. \$5.00 May Be Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHAEL, RICK	
STREET ADDRESS	7180 SW 47 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNS, JERRY	
STREET ADDRESS	7040 SW 48 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLICK, MICHAEL	
STREET ADDRESS	7180 SW 47 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flick, Mike	
STREET ADDRESS	7180 SW 47 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JERRY	
STREET ADDRESS	7040 SW 48 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salvador, Damian	
STREET ADDRESS	4701 SW 72 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Serralta, Christina	
STREET ADDRESS	7180 SW 47 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #