

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43354

FILED  
Jan 25, 2006  
Secretary of State

**Entity Name:** GEMINI VII TOWNHOUSE ASSOCIATION INC.

**Current Principal Place of Business:**

3168 BIRD AVENUE  
MIAMI, FL 331334437

**New Principal Place of Business:**

**Current Mailing Address:**

1101 N. CONGRESS AVE  
#204  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-0346085      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACCURATE ACCOUNTING AFFILIATES, INC  
1101 N. CONGRESS AVE #204  
BOYNTON BEACH, FL 33426      US

**Name and Address of New Registered Agent:**

ROBERT A ORTEGA  
2307 DOUGLAS RD  
SUITE 302  
MIAMI, FL 33145 US

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: ROBERT A ORTEGA

01/25/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ESQUIVEL, CLAUDIA  
Address: 3168 BIRD AVENUE  
City-St-Zip: MIAMI, FL 331334437

Title: VPD      ( ) Delete  
Name: CARDONA, JAIME  
Address: 3169 BIRD AVE  
City-St-Zip: MIAMI, FL 331334437

Title: D      ( ) Delete  
Name: MASUDA, YOZO  
Address: 3172 BIRD AENUE  
City-St-Zip: MIAMI, FL 331334437

**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: CLAUDIA ESQUIVEL

PD

01/25/2006

Electronic Signature of Signing Officer or Director

Date