2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003202

FILED Mar 21, 2006 Secretary of State

Entity Name: SANS SOUCI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11960 NE 19 DRIVE 2200 NW 102ND AVENUE

NORTH MIAMI, FL 33181 US SUITE#5

DORAL, FL 33172

Current Mailing Address: New Mailing Address:

2200 NW 102ND AVENUE 19501 NE 10TH AVE MIAMI, FL 33179

SUITE #5 DORAL, FL 33172 US

FEI Number: 65-0510327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GLAZER AND ASSOCIATES, P.A. ARNOLD, DAVID 8301 SW 164TH STREET 1920 EAST HALLANDALE BÉACH BLVD

HALLANDALE, FL 33009 PALMETTO BAY MIAMI, FL 33155 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: DAVID ARNOLD 03/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CASTILLO, JAMES MILLER, BETTY Name: Name: 11960 NE 19DR #218 Address: 2107 NE 122ND STREET Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181

Title: Title: (X) Change () Addition () Delete

NUNEZ, JACK Name: VERRETT, TROY Name: Address: 11930 NE 19TH DR #12 Address: 11935 NE 19 TH DRIVE City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181

Title: STD () Delete Title: (X) Change () Addition PEREZ, ISABEL BRAITHWAITE, PAULETTE Name: Name: 2032 NW 184TH WAY Address: 11930 NE 19TH DR # 12 Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: PEMBROKE PINES, FL 33029

Title: DD () Delete Title: SEC (X) Change () Addition

Name: EDWARD, MICHELL Name: PERDOMA, ROBERTO Address: 11930 NE 19TH DR #17 Address: 11945 NE 19TH DRIVE City-St-Zip: MIAMI, FL 33181 City-St-Zip: MIAMI, FL 33181

Title: DD (X) Delete Title: () Change () Addition

LILIANA, LUCIAN Name: Name: 11930 NE 19TH DR #16 Address: Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

HAROLD TERESA Name: Name: Address: 11900 NE 19TH DR #15 Address: MIAMI, FL 33181 City-St-Zip: 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: PAULETTE BRAITHWAITE TR 03/21/2006

Electronic Signature of Signing Officer or Director

Date