2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003783

FILED Apr 30, 2005 Secretary of State

Entity Name: MARINA REAL CONDOMINIUM NO. 3 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1022 NW 123 COURT MIAMI, FL 33182 US **Current Mailing Address: New Mailing Address:** 435 SW 123 AVE MIAMI, FL 33184 US FEI Number: 65-0558103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CR MANAGEMENT INVESTMENT 435 SW 123 AVE MIAMI, FL 33184 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Change () Addition () Delete GONZALEZ, GUADALUPE Name: Name: Address: 1024 NW 123 CT Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip: Title: SD () Delete Title: () Change () Addition GIL, WENDY Name: Name: Address: 12310 NW 11 ST. Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip: Title: () Delete Title: () Change () Addition ASTIAZARAIN, ROSA Name: Name: 1022 NW 123 CT. Address: Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip: Title: TD () Delete Title: () Change () Addition MORENO, ARMANDO Name: Name: 12301 NW 10 LN Address: Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, CARLOS Name: Name: 191 NW 97 AVE., #610 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSA ASTIAZARAIN P 04/30/2005