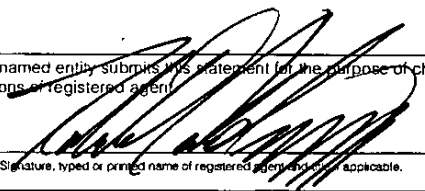
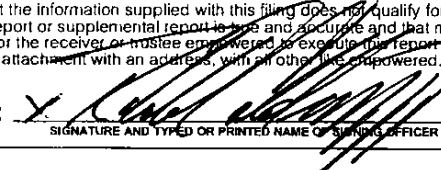


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90404 041 ****61.25

DOCUMENT # N95000005449 1. Entity Name MIAMI AIRWEST TRADE CENTER CONDOMINIUM ASSOCIATION, INC.																																																																																																																											
Principal Place of Business 5561 NW 74 AVE MIAMI, FL 33166 US		Mailing Address 7310 NW 56 STREET MIAMI, FL 33166 US																																																																																																																									
2. Principal Place of Business Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731		3. Mailing Address Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731																																																																																																																									
4. FEI Number 65-0630631		Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent LEYVA, GUILLERMO 7310 NW 56 STREET MIAMI, FL 33166		7. Name and Address of New Registered Agent Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731																																																																																																																									
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, if applicable. DATE: 4/22/06 (NOTE: Registered Agent signature required when re-registering)																																																																																																																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">SD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CAPUTO, DENIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5575 NW 74 AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LEYVA, GUILLERMO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7310 NW 56 STREET</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CALDERIN, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5561 NW 74 AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ARVELO, ALFONSO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16972 NW 19 STREET</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PEMBROKE PINES, FL 33302</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LAGO, PABLO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7314 NW 56 ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	SD	☐ Delete	NAME	CAPUTO, DENIS		STREET ADDRESS	5575 NW 74 AVE		CITY-STATE-ZIP	MIAMI, FL 33166		TITLE	PD	☐ Delete	NAME	LEYVA, GUILLERMO		STREET ADDRESS	7310 NW 56 STREET		CITY-STATE-ZIP	MIAMI, FL 33166		TITLE	VPD	☐ Delete	NAME	CALDERIN, ROBERTO		STREET ADDRESS	5561 NW 74 AVE		CITY-STATE-ZIP	MIAMI, FL 33166		TITLE	TD	☐ Delete	NAME	ARVELO, ALFONSO		STREET ADDRESS	16972 NW 19 STREET		CITY-STATE-ZIP	PEMBROKE PINES, FL 33302		TITLE	D	☐ Delete	NAME	LAGO, PABLO		STREET ADDRESS	7314 NW 56 ST		CITY-STATE-ZIP	MIAMI, FL 33166		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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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 an other like empowered.																																																																																																																											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/22/06 Date																																																																																																																									
		DAYTIME PHONE: 305-553-9731 Daytime Phone #																																																																																																																									