


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000402			
1. Entity Name PASEO REAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9360 SUNSET DR., SUITE 252 MIAMI, FL 33173		Mailing Address 9360 SUNSET DR., SUITE 252 MIAMI, FL 33173 <i>6255 Kendale Lakes Circle Miami, FL 33173</i>	
2. Principal Place of Business 6255 Kendale Lakes Circle		3. Mailing Address 6255 Kendale Lakes Circle	
Suite Apt # etc Apartment B-116		Suite Apt # etc Apartment B-116	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33183 Country		Zip 33183 Country	
4. FEI Number 65-0072891		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALL FLORIDA MANAGEMENT COMPANY 9360 SUNSET DR., SUITE 252 MIAMI, FL 33173		Name DENNIS J. EISINGER	
		4000 HOLLYWOOD BOULEVARD	
		SUITE 265-S	
		HOLLYWOOD FL 33021	
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 <i>Dennis J. Eisinger</i>		DATE <i>1/18/06</i>	
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODOY, RUBEN 9360 SUNSET DR., SUITE 252 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Nydia Mormeneo 6255 Kendale Lakes Circle Miami, Florida 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUEVEDO, ALFREDO 9360 SUNSET DR., SUITE 252 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treasurer David Suarez 6255 Kendale Lakes Circle Miami, Florida 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, CARLOS 9360 SUNSET DR. SUITE 252 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Cindy Villaverde 6255 Kendale Lakes Circle Miami, Florida 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06 FEB -7 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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B2/08/06
STATEMENTS-06

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: *Nydia Mormeneo* Director/President
Nydia Mormeneo *1/18/06*