


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90184 049 \*\*\*\*61.25

<b>DOCUMENT # N97000004425</b> 1. Entity Name VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC.			
Principal Place of Business UNLIMITED PROPERTY MANAGEMENT, LLC 7655 NW 50 ST MIAMI, FL 33166		Mailing Address UNLIMITED PROPERTY MANAGEMENT, LLC 7655 NW 50 ST MIAMI, FL 33166 US	
2. Principal Place of Business - No P.O. Box # <i>LHC Royal Management</i> Suite, Apt. #, etc. 12301 NW 7th LN City & State Miami FL Zip 33182 Country USA		3. Mailing Address <i>LHC Royal Management</i> Suite, Apt. #, etc. 12301 NW 7th LN City & State Miami, FL Zip 33182 Country USA	
4. FEI Number 65-0777946		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 UNLIMITED PROPERTY MGMT, LLC 7655 NW 50 ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name <i>JOSE LUIS LOPEZ</i> Street Address (P.O. Box Number is Not Acceptable) 12301 NW 7th LN City <i>Miami</i> FL Zip Code <i>33182</i>	
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>[Signature]</i> DATE <i>04/18/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	TD CRUZ, ISRAEL 1152 NW 125 PLACE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Israel Cruz 1152 NW 125 PL. Miami, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIMALDI, VILMA 1135 NW 125 PATH MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gonzalo Castiello 1147 NW 125 Path Miami, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLEGOS, CARMEN 1128 NW 125 PLACE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carmen Gallegos 1128 NW 125 PL. Miami, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Isabel Oeiras 1132 NW 125 PL. Miami, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan Carlos Rodriguez 1131 NW 125 Path Miami, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>M. Carmen Gallegos-L.</i> PRESIDENT V.R. 6 Assoc		Date <i>4/18/07</i> Daytime Phone # <i>305-485-3410</i>	