# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 05, 2005**
**Secretary of State**

DOCUMENT# N98000003709

**Entity Name:** 3006 AVIATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3006 AVIATION AVE
SUITE 2A
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3006 AVIATION AVE
SUITE 2A
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number: 65-0866468** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

SORDO, CESAR R
3006 AVIATION AVE
SUITE 2A
COCONUT GROVE, FL 33133 US

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

FLORIDA CORPORATE SERVICES, LLC.
3006 AVIATION AVE
SUITE 2A
COCONUT GROVE, FL 33133 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: CESAR R. SORDO, ESQ. 07/05/2005
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MARIANO, BUSSO M.D.
Address: 3006 AVIATION AVE, SUITE 2C
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD ( ) Delete
Name: REISMANN, JEROME
Address: 3006 AVIATION AVE, SUITE 4B
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD ( ) Delete
Name: GALVEZ,, OSCAR M.D.
Address: 3006 AVIATION AVE, SUITE 4A
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD ( ) Delete
Name: JORDAN, ENRIQUE
Address: 3006 AVIATION AVENUE, SUITE 3C
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARIANO BUSSO, M.D. PD 07/05/2005
Electronic Signature of Signing Officer or Director — Date