

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 19, 2006
Secretary of State

DOCUMENT# N99000002527

Entity Name: NEW WORLD 42 TOWNHOMES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**500-634 NW 179TH ST
17801-17811 NW 7TH AVE
MIAMI, FL 33169**New Principal Place of Business:****Current Mailing Address:**C/O ASTOR MANAGEMENT SERVICES INC
2100 W 76TH ST SUITE 407
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 74-2913629**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OVALLES, EDGAR
C/O ASTOR MANAGEMENT SVCES INC
2100 WEST 76TH ST #409
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**ASTOR MANAGEMENT SVCES INC
2100 WEST 76TH STREET
407
HIALEAH, FL 33016 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: CHRISTOPHER CAMPBELL

09/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'CONNOR, KENTON
Address: 518 NW 179TH ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: DESMARAT-ROC, NORMA
Address: 602 NW 179 ST.
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: LADSON, JOI
Address: 610 NW 179TH ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: COHEN, SYDNEY
Address: 18425 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: P () Delete
Name: BONILLA, ALFONSO
Address: 512 NW 179 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MCKENZIE, CHANCE
Address: 630 NW 179 ST
City-St-Zip: MIAMI, FL 33169

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
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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 Chapter 119, 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: ALFONSO BONILLA

PD

09/19/2006

Electronic Signature of Signing Officer or Director

Date