## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055038

Entity Name: CONDOSOLUTIONS, INC.

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

300-71ST ST. 4539 ROYAL PALM AVENUE 405 MIAMI BEACH, FL 33140 US

MIAMI BEACH, FL 33141 US

Current Mailing Address: New Mailing Address:

300-71ST ST. PO BOX 403561

405 MIAMI BEACH, FL 33140 US

MIAMI BEACH, FL 33141 US

FEI Number: 11-3689592 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JONAS, DANIEL E JONAS, DANIEL E 300-71ST ST. 300-71ST ST. 630

405 630 MIAMI BEACH, FL 33141 US MIAMI BEACH, FL 33141 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.

Address:

City-St-Zip:

SIGNATURE: 01/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D/P
 ( ) Delete
 Title:
 D/P
 ( X) Change ( ) Addition

 Name:
 JONAS, DANIEL E
 Name:
 JONAS, DANIEL E

 Address:
 300-71ST ST., STE, 405
 Address:
 300-71ST ST., STE, 630

 Address:
 300-71ST ST., STE. 405
 Address:
 300-71ST ST., STE. 630

 City-St-Zip:
 MIAMI BEACH, FL 33141 US
 City-St-Zip:
 MIAMI BEACH, FL 33141 US

Title: D/VP ( ) Delete Title: ( ) Change ( ) Addition Name: REDFERN, GABRIELLE Name:

REDFERN, GABRIELLE Name: 4539 ROYAL PALM AVE. Address: MIAMI BEACH, FL 33140 US 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELE REDFERN VP 01/12/2006