

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90043 002 \*\*\*150.00

<b>DOCUMENT # P03000120836</b> 1. Entity Name <b>THE PARC CONDO NO. 712 CORP.</b>					
Principal Place of Business <b>150 SE 2ND AVE., #1200 MIAMI, FL 33131</b>			Mailing Address <b>150 SE 2ND AVE., #1200 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>1001 BRICKELL BAY DR</b>		3. Mailing Address <b>1001 BRICKELL BAY DR</b>			
Suite, Apt. #, etc. <b>1400</b>		Suite, Apt. #, etc. <b>1400</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>		
4. FEI Number <b>20-0847408</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ROSEN, BORIS 150 SE 2ND AVE., #1200 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>ROSEN, BORIS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1001 BRICKELL BAY DRIVE STE 1400 MIAMI FL 33131</b>		
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 <span style="float: right;">2/1/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MULLER, FRANK H <input type="checkbox"/> Delete 150 SE 2ND AVE., #1200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD - MULLER FRANK H <input type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE MULLER, BRIDITTE J R <input type="checkbox"/> Delete 150 SE 2ND AVE., #1200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD- DEMULLER, BRIDITTE J R <input type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	
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	
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	
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 607, 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:		<b>FRANK H MULLER</b>		<b>2/1/06</b>	<b>(305) 374-2001</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	