

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000044765

Entity Name: M 1106 RESIDENCES, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

2100 PONCE DE LEON BLVD SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON BLVD SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0838039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BLVD SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDOZA, OTTO
Address: 2100 PONCE DE LEON BLVD SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: SANCHEZ, MIRLAY
Address: 2100 PONCE DE LEON BLVD SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: GARCIA, LUIS A
Address: 2100 PONCE DE LEON BLVD SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BLUM, JONATHAN
Address: 2100 PONCE DE LEON BLVD SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change () Addition
Name: BLUM, ANNABELLE
Address: 2100 PONCE DE LEON BLVD SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTTO MENDOZA

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date