
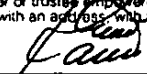


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

17

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-24-2006 90018 047 ***150.00

DOCUMENT # P05000039028					
1. Entity Name UNIT 2808 MAYFIELD CONDO CORP.					
Principal Place of Business 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBORNOZ, WILLIAM A 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	PABLO	<input checked="" type="checkbox"/> Delete	TITLE	D
NAME	BERTI SLIM; PABLO KARIM			NAME	BERTI SLIM PABLO KARIM
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 603			STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
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STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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, who all other like empowered.					
SIGNATURE: 			Date: 1/16/06 305-444-1741		
SIGNATURE AND TYPED OR PRINTED NAME OF FINING OFFICER OR DIRECTOR PABLO KARIM BERTI-SLIM			Date: 1/16/06 305-444-1741		

66002647



01032006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2519768 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBORNOZ, WILLIAM A
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
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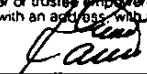
9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	PABLO	<input checked="" type="checkbox"/> Delete	TITLE	D
NAME	BERTI SLIM; PABLO KARIM			NAME	BERTI SLIM PABLO KARIM
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 603			STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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SIGNATURE:  Date: 1/16/06 305-444-1741

SIGNATURE AND TYPED OR PRINTED NAME OF FINING OFFICER OR DIRECTOR
PABLO KARIM BERTI-SLIM Date: 1/16/06 305-444-1741



ATTACHMENT

FEI # 20-2549768

66002647

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

UNIT 2808 MAYFIELD CONDO CORP.
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134

Subject: UNIT 2808 MAYFIELD CONDO CORP.

Reference Number: P05000039028

*OK Done
Thank you
2/2/06*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION