


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 726519 1. Entity Name 7125 DICKENS AVENUE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141	Mailing Address 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0120999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

ALVAREZ, JULIO A
7125 DICKENS AVE.
#3
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP ALVAREZ, JULIO A	<input type="checkbox"/>
NAME	7125 DICKENS AVE.	
STREET ADDRESS	MIAMI BEACH FL 33141	
CITY-ST-ZIP		
TITLE	TVP	<input type="checkbox"/>
NAME	SILVA, PEDRO	
STREET ADDRESS	7125 DICKENS AVE #6	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	ST	<input type="checkbox"/>
NAME	ARZAC, MARIA ROSA	
STREET ADDRESS	7125 DICKENS AVE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

100000477685
04/06/06-30061-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Julio Alvarez* **JULIO ALVAREZ DP** **3/19/06** **786-326-4508**