

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044765

FILED
Apr 20, 2009
Secretary of State

Entity Name: M 1106 RESIDENCES, INC.

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

FEI Number: 20-0838039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

New Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

Name and Address of Current Registered Agent:

GURIAN, JORGE
2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2665 SOUTH BAYSHORE DRIVE
STE 906
COCONUT GROVE, FL 33133 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.

SIGNATURE: JORGE GURIAN

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDOZA, OTTO
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: BLUM, JONATHAN
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: BLUM, SIMON
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDOZA, OTTO
Address: 2665 SOUTH BAYSHORE DRIVE STE 906
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD (X) Change () Addition
Name: BLUM, JONATHAN
Address: 2665 SOUTH BAYSHORE DRIVE STE 906
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD (X) Change () Addition
Name: BLUM, SIMON
Address: 2665 SOUTH BAYSHORE DRIVE STE 906
City-St-Zip: COCONUT GROVE, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify 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: OTTO MENDOZA

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date