

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 726301

1. Entity Name

LA FUENTE CONDOMINIUM, INC.



Principal Place of Business

9520 SW 8TH STREET
MIAMI, FL 33174

Mailing Address

9520 SW 8TH STREET
APT #210
MIAMI, FL 33174



01132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1688899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ, RAFAEL E
5401 COLLINS AVE #807
MIAMI, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000265514
13/16/05-20060-011 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRESPO, JOSE
STREET ADDRESS 9520 SW 8TH ST #210
CITY - ST - ZIP MIAMI, FL 33174

TITLE VD
NAME PEREZ, DINORA
STREET ADDRESS 9520 SW 8TH ST, #202
CITY - ST - ZIP MIAMI, FL 33174

TITLE TD
NAME GONZALEZ, RAFAEL
STREET ADDRESS 5401 COLLINS AVE, #912
CITY - ST - ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Rafael E. Gonzalez

3/11/05 305.993-1266