


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90007 028 ****61.25

DOCUMENT # 734939
 1. Entity Name
LAGUNA CLUB EAST CONDOMINIUM, INC.



Principal Place of Business
**320 N.W. 107TH AVENUE
 MIAMI FL 33172**

Mailing Address
**C/O UNLIMITED MGMT
 P.O. BOX 440067
 MIAMI FL 33144
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

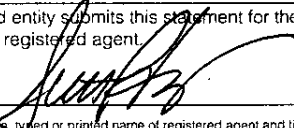


MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**HERNANDEZ, LUIS
 11890 SW 8 ST., STE 100
 MIAMI FL 33184**

7. Name and Address of New Registered Agent
 Name
HERNANDEZ, Luis
 Street Address (P.O. Box Number is Not Acceptable)
**11890 SW 8 Street
 Suite 301**
 City
Miami FL Zip Code
33184

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 **02/25/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEREDIA, ESTRELLA 240 NW 107 AVE #102 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTALVO, PEDRO A 300 NW 107 AVE #208 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, MARIE D 200 NW 107 AVE # 108 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMERO, CARMEN 270 NORTHWEST 107TH AVENUE #104 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HEREDIA, Estrella 240 NW 107 Ave. # 102 Miami, Fl. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MONTALVO, Pedro 300 NW 107 Ave. # 208 Miami, Fl. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALVAREZ, Maria Dolores 200 NW 107 Ave. # 108 Miami, Fl. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FERRO, Eliña 200 NW 107 Ave. # 101 Miami, Fl. 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PEREZ, Adalberto 250 NW 107 Ave. # 106 Miami, Fl. 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D IGLESIAS, Sara 200 NW 107 Ave. # 207 Miami, Fl. 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  DATE: **02/25/04** DAYTIME PHONE #: **(305) 553-9731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR