


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

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 768912 1. Entity Name LAKEBELLE CONDOMINIUM NO. ONE, INC.	
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Principal Place of Business 5663-5725 W. 28 AVE. HIALEAH, FL 33016	Mailing Address C/O WOODS MGT. 2740 W 5TH AVE. HIALEAH, FL 33010
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01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2583134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, JOAQUIN  
 % WOODS MANAGEMENT  
 2740 WEST 5 AVENUE  
 HIALEAH, FL 33010

**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: X \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, LUIS 5663 W 28TH AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CINTRONNELLE, JESUS 8826 SW 111 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSADO, JULIO 5679 W 28TH AVE HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000328991  
 04/25/05-80100-013 61.25

**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)(f), 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: [Signature] \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR