


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90267 018 ****61.25

DOCUMENT # 770545			
1. Entity Name FLAMINGO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3100 NW 72 AVE #125 MIAMI, FL 33122		Mailing Address C/O BONAFIDE MGMT PO BOX 521458 MIAMI, FL 33152 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02102004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2810402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSS, RICARDO C/O BONAFIDE MGMT 3100 NW 72 AVE #125 MIAMI, FL 33122		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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINO, CARLOS			NAME	Pino, Carlos		
STREET ADDRESS	6231 SW 24TH AVE #201			STREET ADDRESS	6231 W. 24 Ave, # 201		
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	Hialeah, Fl. 33016		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	P.D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SANTAMARIA, JAIME			NAME	Pine, Roberto		
STREET ADDRESS	6275 W 24TH AVE #104			STREET ADDRESS	6267 W. 24 Ave, #104		
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	Hialeah, Fl. 33016		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	V.P.D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COMPANIONI, ANA G			NAME	Diaz, Guy		
STREET ADDRESS	6275 W 24TH AVE #105			STREET ADDRESS	6215 W. 24 Ave. #104		
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	Hialeah, Fl. 33016		
TITLE		<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Cuesta, Guillermo		
STREET ADDRESS				STREET ADDRESS	6283 W. 24 Ave. #105		
CITY-ST-ZIP				CITY-ST-ZIP	Hialeah, Fl. 33016		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Gonzalez, Martin		
STREET ADDRESS				STREET ADDRESS	6223 W. 24 Ave. # 201		
CITY-ST-ZIP				CITY-ST-ZIP	Hialeah, Fl. 33016		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: [Signature] President Date: 03/12/04