

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 013 ****70.00

DOCUMENT # N01000006646					
1. Entity Name EL PUEBLITO, CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5772 W. 25 CT. HIALEAH, FL 33016			Mailing Address 5772 W. 25 CT. HIALEAH, FL 33016		
2. Principal Place of Business 5760 W 25th Ct Suite, Apt. #, etc.		3. Mailing Address All Florida Mgt Co. Suite, Apt. #, etc. 9415 Sunset Dr. St 149			
City & State Hialeah, FL Zip: 33016		City & State Miami, FL Zip: 33173		4. FEI Number 01-0612799	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DENNIS, LISSETTE 5772 W. 25 CT. HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name: Isla, Marianela Street Address (P.O. Box Number is Not Acceptable): 5760 W 25th Ct City: Hialeah, FL Zip Code: 33016		
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: <u>Marianela Isla</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>7/24/05</u>					
Filing Fee is \$61.25 Due by September 7, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME DENNIS, LISSETTE STREET ADDRESS 5772 W. 25 CT. CITY-ST-ZIP HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete		TITLE President NAME Isla, Marianela STREET ADDRESS 5760 W 25th Ct CITY-ST-ZIP Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ISLA, MARIANELA STREET ADDRESS 5760 W. 25 CT. CITY-ST-ZIP HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME PERAZA, DULCE STREET ADDRESS 5766 W. 25 CT. CITY-ST-ZIP HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input 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: <u>Lissette Dennis</u> DATE: <u>7/24/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					