


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

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01162**  
1. Entity Name  
**LA MIRAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **5445-5511 W 22 CT  
HIALEAH FL 33016  
US**  
Mailing Address: **C/O CAM MANAGEMENT SERV.  
P.O. BOX 5103  
HIALEAH FL 33014-1103**

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

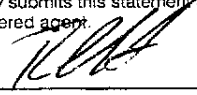


MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**HERNANDEZ, ROSENDO  
5467 W 22ND CT  
HIALEAH FL 33016**

4. FEI Number: **59-2414956**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
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:  **Rosendo Hernandez** DATE: **2/2/04**  
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: PD NAME: HERNANDEZ, ROSENDO STREET ADDRESS: 5467 W 22ND CT CITY - ST - ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE: SD NAME: COSTA, MAYRA STREET ADDRESS: 5499 W. 22ND CRT CITY - ST - ZIP: HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE: TD NAME: SOLAR, RAUL STREET ADDRESS: 5463 W 22ND CT CITY - ST - ZIP: HIALEAH FL 33016	<input 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
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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

U00000061382  
02/23/04-80079-007 61.25

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:  **Rosendo Hernandez, President** 2/2/04 805-826-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #