


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90002 028 ****61.25

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

50026273



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

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

07052006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2414956


Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GONZALEZ, ANITA
1800 W 49 ST #330
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
 Name **Anita Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable)
CAM Management Services
6175 N.W. 167 St. Unit G1
 City **Miami Lakes, FL** Zip Code **33015**

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 **07/05/06**

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 September 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YZQUIERDO, BELKS 5447 W 22 CT HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Belkis Yzquierdo 5447 W. 22 Ct. Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REAL, LESTER 5457 W 22 CT HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Lester Real 5457 W. 22 Ct. Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLAR, RAUL 5463 W 22ND CT HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Marlenis Vera 5477 W 22 Ct. Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" 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
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 exemptions contained in Chapter 119, 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:  **Belkis Yzquierdo** **8/10/06** **305-826-9191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #