


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009617 1. Entity Name BELLA VILLAS LAS PALMAS CONDOMINIUM ASSOCIATION INC.	
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Principal Place of Business 900 W 49 ST STE 220 HIALEAH FL 33012 US	Mailing Address 900 W 49 ST 220 HIALEAH FL 33012 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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1st MOORE CR2E037 (10/07)

4. FEI Number 48-1305293	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 DELATORRE, CLEMENTE J 900 W 49 ST 220 HIALEAH FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-issuing)

FILE NOW - FEE IS \$61.25 Due By: May 1, 2008	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		<input type="checkbox"/> Delete
TITLE	PD VILLALTA, YADER	<input type="checkbox"/>
NAME	900 W 49 ST STE 220	
STREET ADDRESS	HIALEAH FL 33012	
CITY - ST - ZIP		
TITLE	TD LEYVA, MARGARITA	<input type="checkbox"/>
NAME	900 W 49 ST STE 220	
STREET ADDRESS	HIALEAH FL 33012	
CITY - ST - ZIP		
TITLE	SD VALENCIA, VIVIANA A	<input type="checkbox"/>
NAME	900 W 49 ST STE 220	
STREET ADDRESS	HIALEAH FL 33012	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000837747		
NAME	03/05/08-80002-018 61.25		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Yader Villalta* PRESIDENT 2-20-08 (305) 821-7668