

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90015 017 ****61.25

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1. Entity Name
LOS PORTALES PHASE III CONDOMINIUM, INC.



Principal Place of Business
**5979 NW 151 STREET
SUITE 101
MIAMI LAKES, FL 33014**

Mailing Address
**P.O. BOX 160718
HIALEAH, FL 33016**

40035442



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State
Zip Country

4. FEI Number
55-0850051
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA'S PROPERTY MGMT GROUP
5979 NW 151 STREET
SUITE 101
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name **KABA & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1840 W. 49 St. Suite 33012

City **HIALEAH** FL Zip Code **33012**

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 *Moises Kaba* *MOISES KABA* *2/19/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 SANTOS, HUBERT ☐ Delete
STREET ADDRESS 5979 NW 151 STREET
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE VPD
NAME PION, ALFREDO ☐ Delete
STREET ADDRESS 5979 NW 151 STREET
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE D
NAME CHAVIANO, LUIS ☐ Delete
STREET ADDRESS 5979 NW 151 STREET
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE TD
NAME GUERRA, ELIO ☐ Delete
STREET ADDRESS 5979 NW 151 STREET
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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: *Hubert Santos* *2/27/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #