2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: &

1. Entity Nam	MENT # N03869 ne a homes condominium	Mar 03, 2005 08:00 AM Secretary of State					
Principal Plac	te of Business	Mailing Address	THE PARTY OF THE P				
900 W. 49TH STREET #220 HIALEAH FL 33012		900 W. 49TH STREET #220 HIALEAH FL 33012					112) 21 (40)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MC	ORE CR2E	037 (10/04)	,, -, - , , -,
City & State		City & State		4. FEI Number	9-2546851		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Addi	ress of New Registere	d Agent	 .:
900	ATORRE, CLEMENTE J W. 49TH STREET		Street Address	(P.O. Box Number is N	lot Acceptable)		
#220 HIALEAH FL 33012		City			F	L Zip Code	•
8. The above the obligate SIGNATURE	named intit supmits this statement to tighs of regist red agent.		registered office or register		the State of Florida. Ta	m familiar with,	and accept
+ 	FILE NOW: FEE IS \$61.25 Due By May 1, 2005		paign Financing	\$5.00 May Be Added to Fees		eck Payable artment of S	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGE	S TO OFFICERS AND	 -	. —
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ALEX D 900 W. 49TH STREET, 220 HIALEAH FL 33012	☐ Delete	NAME STREET ADDRESS CITY+ST+ZIP	03\£	100000250026 13/05-80026-0	□ Change 25 61.25	Addition
UTLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLANCO, MARTIN 900 W. 49TH STREET, 220 HIALEAH FL 33012	☐ Delete	TITLE NAME STREE: ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONZON, ROSA 900 W. 49TH STREET, 220 HIALEAH FL 33012	☐ Delete	TITLE NAME GIRELT ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, JAIME 900 W 49 STREET #220 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY: ST: ZIP		☐ Delete	THEE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THILE NAME SIREFT ADDRESS SHY STIZIF			☐ Change	☐ Addition
12. I hereby of indicated of the conchanged	certify that the information supplied wit i on this report or supplemental report rporation or the receiver or trustee emit, , or on an attachment with an address,	h this filing does not qualify tor is true and accurate and that m powered to execute this report a with all other like empowered.	the exemption stated in S ly signature shall have the as required by Chapter 61	ection 119.07(3)(i), Flo same legal effect as it 7, Florida Statutes, and	rida Statutes 1 further of f made under oath; tha d that my name appeal	certify that the in til am an officer is in Block 10.or	formation or director Block 11 if

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.. FILED

Daytima Phone #

Date