


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # N35072 1. Entity Name LAGO DEL REY CONDOMINIUM ASSOCIATION, INC. |  |
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FILED
 04 NOV -16 PM 4: 02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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| Principal Place of Business ROBERTS MANAGEMENT & REALTY CO., INC. MIAMI, FL 33172 | Mailing Address 1840 N.E. 153RD STREET N.M.B., FL 33162 |
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10/25/04 01067 015 \$ 61.25
 11122004 Chg-NP CR2E037 (10/03)

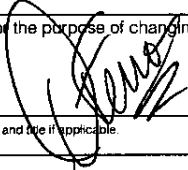
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| 2. Principal Place of Business 7750 WEST 26th AVE Suite, Apt. #, etc. Suite 4 | 3. Mailing Address P.O. Box 160718 Suite, Apt. #, etc. |
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| City & State Hialeah FL | City & State Hialeah FL |
| Zip 33016 | Zip 33016 |

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| 4. FEI Number 65-0194392 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

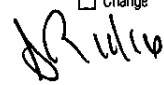
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| 6. Name and Address of Current Registered Agent ROBERTS MANAGEMENT 1840 N.E. 153RD STREET N.M.B., FL 33162 | 7. Name and Address of New Registered Agent Name Florida's Property Mgmt Group Street Address (P.O. Box Number is Not Acceptable) 7750 WEST 26th AVE Suite # 4 City Hialeah FL Zip Code 33016 |
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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 Orlando Ferro  DATE 10/25/04

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

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| Amended AR is \$61.25 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|--|--|
| TITLE PD NAME PUIG, HECTOR STREET ADDRESS 7020 NW 173RD DR #503 CITY-ST-ZIP MIAMI, FL 33015 | <input checked="" type="checkbox"/> Delete | TITLE PD NAME CELMIRA Restrepo STREET ADDRESS 7750 WEST 26th AVE # 4 CITY-ST-ZIP Hialeah FL 33016 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME NAJARA, SARA STREET ADDRESS 6990 NW 173 DR. CITY-ST-ZIP MIAMI, FL | <input type="checkbox"/> Delete | TITLE VPD NAME MARTHA HIDALGO STREET ADDRESS 7750 WEST 26th AVE # 4 CITY-ST-ZIP Hialeah FL 33016 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME GUIDUS, DIANE STREET ADDRESS 7030 NW 173 DR. CITY-ST-ZIP MIAMI, FL | <input checked="" type="checkbox"/> Delete | TITLE SD NAME MARTI ARTEAGA STREET ADDRESS 7750 WEST 26th AVE # 4 CITY-ST-ZIP Hialeah FL 33016 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD NAME RESTREPO, CELMIRA STREET ADDRESS 7050 NW 173RD DR #401 CITY-ST-ZIP MIAMI, FL 33015 | <input type="checkbox"/> Delete | TITLE TD NAME sara Najara STREET ADDRESS 7750 WEST 26th AVE # 4 CITY-ST-ZIP Hialeah FL 33016 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME HUGUEZ, JOSE STREET ADDRESS 639 NW 173 DR. CITY-ST-ZIP MIAMI, FL | <input type="checkbox"/> Delete | TITLE D NAME Jose Huguez STREET ADDRESS 7750 WEST 26th AVE # 4 CITY-ST-ZIP Hialeah FL 33016 | <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 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: Celmira Restrepo / President  DATE 10/25/2004 (305) 821-1794

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