


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N35072 1. Entity Name LAGO DEL REY CONDOMINIUM ASSOCIATION, INC.	
---	---

FILED

07 JUL 26 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 14275 S.W. 142 AVENUE MIAMI, FL 33186		Mailing Address 14275 S.W. 142 AVE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07162007 Chg-NP CR2E037 (12/06)

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	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HIDALGO, MARTHA PRES 6980 N.W. 173 DRIVE #601 HIALEAH, FL 33015				Name Javier A. Callejas Street Address (P.O. Box Number is Not Acceptable) 6970 NW 173 DRIVE #2102 City Miami State 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: *J Callejas* DATE: 7/16/07

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

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
------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P CALLES, JAVIER A	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6970 NW 173RD DR. #2102			NAME	Juan Fuentes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	HIALEAH, FL 33015			STREET ADDRESS	6930 NW 173 DRIVE # 2301		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, FL 33015		
TITLE	T SIVA, MORELLA	<input checked="" type="checkbox"/> Delete		TITLE	VP Rudy Lloredo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7050 NW 173RD DR. #404			NAME	6940 NW 173 DRIVE #806		
STREET ADDRESS	HIALEAH, FL 33015			STREET ADDRESS	Miami, FL 33015		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D FUENTES, JUAN C	<input type="checkbox"/> Delete		TITLE	300107467263	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6930 NW 173RD DR. #2301			NAME	08/07/07--01058--019 **61.25		
STREET ADDRESS	HIALEAH, FL 33015			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	S PAEZ, OLGA M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7070 NW 173RD DR. #303			NAME			
STREET ADDRESS	HIALEAH, FL 33015			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<i>B</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>7/29/07</i>			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *J Callejas* DATE: 7/16/07 (305) 409-2485

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