
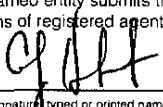
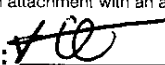


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90206 042 \*\*\*\*61.25

<b>DOCUMENT # N50383</b> 1. Entity Name <b>LOS PALACIOS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>900 W. 49 ST. STE 220 HIALEAH, FL 33012 US</b>			Mailing Address <b>900 W. 49 ST. STE 220 HIALEAH, FL 33012 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DELATORRE, CLEMENTE J 900 W. 49 ST STE 220 HIALEAH, FL 33012</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/19/2004</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>PRADO, CARLOS</del>		NAME	JOSE MARTINEZ	
STREET ADDRESS	<del>900 WEST 49TH STREET, SUITE #220</del>		STREET ADDRESS	900 W. 49 St. Ste. 220	
CITY- ST- ZIP	<del>HIALEAH, FL 33012</del>		CITY- ST- ZIP	Hialeah, FL. 33012	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GARCIA, PEDRO</del>		NAME	Olga GARCIA	
STREET ADDRESS	<del>900 W. 49 ST., SUITE 220</del>		STREET ADDRESS	900 W. 49 St. Ste. 220	
CITY- ST- ZIP	<del>HIALEAH, FL 33012</del>		CITY- ST- ZIP	Hialeah, FL. 33012	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MARTINEZ, MIRIAN P</del>		NAME	Pedro GARCIA	
STREET ADDRESS	<del>900 WEST 49TH STREET, SUITE #220</del>		STREET ADDRESS	900 W. 49 St. Ste. 220	
CITY- ST- ZIP	<del>HIALEAH, FL 33012</del>		CITY- ST- ZIP	Hialeah, FL. 33012	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GARCIA, OLGA</del>		NAME	Emma Bonet	
STREET ADDRESS	<del>900 W. 49 ST. SUITE 220</del>		STREET ADDRESS	900 W. 49 St. Ste. 220	
CITY- ST- ZIP	<del>HIALEAH, FL 33012</del>		CITY- ST- ZIP	Hialeah, FL. 33012	
TITLE			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rafael GOMEZ	
STREET ADDRESS			STREET ADDRESS	900 W. 49 St. Ste. 220	
CITY- ST- ZIP			CITY- ST- ZIP	Hialeah, FL. 33012	
TITLE			TITLE		
NAME			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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	