


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

02-25-2004 90026 050 ****61.25

DOCUMENT # N9500061749

1. Entity Name
LES JARDINS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 8200 N.W. 10 STREET
 MIAMI, FL 33126 US

Mailing Address
 12460 SW 8 ST
 SUITE 202
 MIAMI, FL 33184 US

66406897

2. Principal Place of Business
2500 NW 97th ave

3. Mailing Address
Same

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
 (blank)

01232004 Chg-NP CR2E037 (10/03)

City & State
Miami FL

City & State
 (blank)

4. FEI Number
65-0651973

Applied For
 Not Applicable

Zip
33172

Country
US

Zip
 (blank)

Country
 (blank)

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

6. Name and Address of Current Registered Agent

MORAN AND ASSOCIATES INC
 12460 SW 8 STREET SUITE 202
 MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name
SPM Group, Inc.

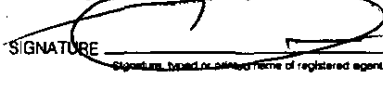
Street Address (P.O. Box Number is Not Acceptable)
2500 NW 97th ave

Ste. 200

City
Miami

FL Zip Code
33172

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  DATE **3-15-04**

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

Filing Fee is \$61.25
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, ALEJANDRO 8270 NW 10 ST.#2 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, MIRNA 8270 NW 10 ST. #10 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, ELIZABETH 8270 NW 10 ST. #8 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carlos Garcia 6950 NW 10 St #3 Miami, Fl. 33126	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SD Marlene Montiel 9250 NW 10 St #1 Miami, Fl. 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rafael L. Saroza 8250 NW 10 St #2 Miami, Fl. 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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, trustee or 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:  DATE **2-19-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR