

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**  
 06-19-2006 90004 028 \*\*\*\*61.25

DOCUMENT # N95000001749  
 1. Entity Name  
 LES JARDINS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 2500 NW 97TH AVE.  
 200  
 MIAMI, FL 33172 US

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

2. Principal Place of Business  
 2200 NW 102 AVE

3. Mailing Address

Suite, Apt. #, etc.  
 Suite # 5

Suite, Apt. #, etc.

City & State  
 Miami FL 33172

City & State

Zip Country Zip Country

40096101



06072006 Chg-NP CR2E037 (4/06)

4. FEI Number  
 65-0651973

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SPM GROUP, INC.  
 2500 NW 97TH AVE.  
 STE. 200  
 MIAMI, FL 33172

7. Name and Address of New Registered Agent  
 Name: SPM GROUP INC  
 Street Address (P.O. Box Number is Not Acceptable): 2200 NW 102 AVE  
 Suite # 5  
 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: 6/7/06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, CARLOS 8250 NW 10ST., #3 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUIS R. ARANJAZ 8260 NW 10 <sup>th</sup> ST #7 MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ORTIZ, NOEL 8230 NW 10 CT #5 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Eduardo Lopez 8260 NW 10 <sup>th</sup> ST # 2 Miami FL. 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PULIDO, ALTAGRACIA 8320 NW 10 ST #4 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del> <input type="checkbox"/> Change <input checked="" 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
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
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 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: DATE: 6/7/06 DAYTIME PHONE #: 305-444-6757

PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR