

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 10, 2009  
Secretary of State**

DOCUMENT# N95000001749

Entity Name: LES JARDINS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 NW 102ND AVE.  
5  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 NW 102ND AVE.  
5  
MIAMI, FL 33172 US

**New Mailing Address:**

FEI Number: 65-0651973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPM GROUP, INC.  
2200 NW 102 AVE.  
STE. 5  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TSDS ( ) Delete  
Name: MORALES, LENY  
Address: 8240 NW 10 ST #6  
City-St-Zip: MIAMI, FL 33126

Title: PD ( ) Delete  
Name: ALCANTARD, LUIS R  
Address: 8260 NW 10TH ST. #7  
City-St-Zip: MIAMI, FL 33126

Title: VPSD ( ) Delete  
Name: LOPEZ, EDUARDO  
Address: 8260 NW 10TH ST. #2  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TSDS (X) Change ( ) Addition  
Name: LUCAS, EYLIN  
Address: 8320 NW 10TH STREET # 6  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS ALCANTARA

PD

08/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date