

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90222 045 ****71.25

DOCUMENT # N96000003984

1. Entity Name

PARAISO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1000 W 28 ST
APT 11
HIALEAH FL 33010

Mailing Address

1000 W 28 ST
APT 11
HIALEAH FL 33010

50019955



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

1000 W. 28 st.

3. Mailing Address

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

Hialeah. FL

City & State

Zip

33010

Country

Doode

Zip

Country

4. FEI Number

65-0508664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTESINO, JOSE
1000 W 28 ST
APT 11
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	T	<input checked="" type="checkbox"/> Delete
NAME	MONTESINO, JOSE	
STREET ADDRESS	1000 W 28 ST APT 11	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEY, BLANCA M	
STREET ADDRESS	1000 W. 28ST APT.12	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRENDES, MANUEL G	
STREET ADDRESS	984 W 28 ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Lorna Sanchez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 W. 28. St. #5	
STREET ADDRESS	Hialeah. FL 33010	
CITY-ST-ZIP		
TITLE	Aida Zepeda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 W. 28 St #2.	
STREET ADDRESS	Hialeah. FL 33010	
CITY-ST-ZIP		
TITLE	Jose Montesino	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1000 W. 28. St #11	
STREET ADDRESS	Hialeah FL 33010.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #