


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90224 041 \*\*\*\*61.25

<b>DOCUMENT # N99000004541</b>	
1. Entity Name <b>LAS BRISAS AT DORAL CONDOMINIUM NO. 6 ASSOCIATION, INC.</b>	

Principal Place of Business <b>14275 S.W. 142 AVENUE MIAMI, FL 33186</b>	Mailing Address <b>14275 S.W. 142 AVENUE MIAMI, FL 33186</b>
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**94071310**



2. Principal Place of Business <b>6425 NW 42 ST.</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Miami Florida</b>	City & State
Zip <b>33166</b>	Country

03262004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0856041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FEIN, STEVEN ESQ. 900 S.W. 40 AVENUE PLANTATION, FL 33317</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>STO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RODRIGUEZ, IVETTE</b>		NAME <b>Ortega, Katherine</b>	
STREET ADDRESS <b>5620 N.W. 114 PATH, #203</b>		STREET ADDRESS <b>5630 NW 114 Path #107</b>	
CITY-ST-ZIP <b>MIAMI, FL 33178</b>		CITY-ST-ZIP <b>MIAMI, FL 33178</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODEN, PAIGE</b>		NAME <b>Roden, Paige</b>	
STREET ADDRESS <b>5630 N.W. 114 PATH #209</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33178</b>		CITY-ST-ZIP	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VALENCIA, DANIEL</b>		NAME <b>Rydzeusui, Adam</b>	
STREET ADDRESS <b>5630 N.W. 114 PATH #103</b>		STREET ADDRESS <b>5620 NW 114 Path #204</b>	
CITY-ST-ZIP <b>MIAMI, FL 33178</b>		CITY-ST-ZIP <b>MIAMI, FL 33178</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:** *Paige A. Roden PD* **4.21.04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #