

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90172 033 \*\*\*\*61.25

<b>DOCUMENT # 729448</b> 1. Entity Name <b>WESTLAND SOUTH CONDOMINIUM, INC.</b>					
Principal Place of Business <b>275 FOUNTAINEBLEAU BLVD STE 200 MIAMI, FL 33172 US</b>			Mailing Address <b>275 FOUNTAINEBLEAU BLVD #200 MIAMI, FL 33172 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1679103</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALVAREZ, NESTOR 3971 SW 8 ST, STE #209 CORAL GABLES, FL 33134</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				<b>FL</b> Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EARIGUE, GILLARDO</b>		NAME		
STREET ADDRESS	<b>275 FOUNTAINEBLEAU BLVD. #200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MIRIAM, MENDEZ</b>		NAME		
STREET ADDRESS	<b>275 FOUNTAINEBLEAU BLVD. #200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUSTAVO, LAGUNA</b>		NAME	<b>Lissette Asen</b>	
STREET ADDRESS	<b>275 FOUNTAINEBLEAU BLVD. #200</b>		STREET ADDRESS	<b>275 Fontainebleau Blvd. #200</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		CITY-ST-ZIP	<b>Miami, FL 33172</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DE LA VEGA, RENE</b>		NAME	<b>MARIA TEVES A RODRIGUEZ</b>	
STREET ADDRESS	<b>275 FOUNTAINEBLEAU BLVD. #200</b>		STREET ADDRESS	<b>275 Fontainebleau Blvd. #200</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		CITY-ST-ZIP	<b>Miami, FL 33172</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUSTAVO, LAGUNA</b>		NAME	<b>Joel Porroto</b>	
STREET ADDRESS	<b>275 FOUNTAINEBLEAU BLVD. #200</b>		STREET ADDRESS	<b>275 Fontainebleau Blvd. #200</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		CITY-ST-ZIP	<b>Miami, FL 33172</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GONZALO, GUERRERO</b>		NAME	<b>Armando BANA</b>	
STREET ADDRESS	<b>275 FOUNTAINEBLEAU BLVD. #200</b>		STREET ADDRESS	<b>275 Fontainebleau Blvd. #200</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		CITY-ST-ZIP	<b>Miami, FL 33172</b>	
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.					
<b>SIGNATURE:</b> <i>Lissette Asen</i>			Date: <b>3/31/05</b> (3ex)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>861-3633</b>		

**50035568**



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