


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90024 005 ****70.00

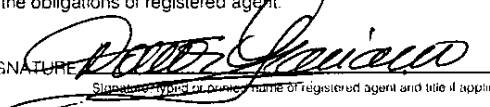
DOCUMENT # 726286	
1. Entity Name WESTLAND PLAZA GARDENS CONDOMINIUM, INC.	

Principal Place of Business L M QUALITY P.O. BOX 440915 MIAMI FL 33144 US	Mailing Address L M QUALITY P.O. BOX 440915 MIAMI FL 33144 US
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2. Principal Place of Business P.O. BOX 522 333	3. Mailing Address P.O. BOX 522 333
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FLORIDA	City & State MIAMI, FLORIDA
Zip 33152	Country DADE
Zip 33152	Country DADE

6. Name and Address of Current Registered Agent NUNEZ, LUZMARY 402 MINORCA CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name MANAGEMENT SPECIALTY INC. Street Address (P.O. Box Number is Not Acceptable) 8625 NW 8TH STREET Apt #413 City MIAMI FL Zip Code 33126	
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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  NORMA GRACIANO - PROPERTY MANAGER - 2/13/06	DATE 2/13/06

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MANUEL 1300 W 53 STREET #35 HIALEAH FL 33012 <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	TD HERNANDEZ, RENE 1300 W 53 STREET #34 HIALEAH FL 33012 <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	SD PARADELA, RAUL 1300 W 53 STREET #28 HIALEAH FL 33012 <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
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 Section 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.	
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SIGNATURE:  **2/13/06**