

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 728854
 1. Entity Name
CASA DEL SOL CONDOMINIUM ASSOCIATION, INC.



FILED

05 JAN -3 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1750 W. 46TH ST.
 SUITE 546
 HIALEAH, FL 33012 US

Mailing Address
 1750 W. 46TH ST.
 SUITE 546
 HIALEAH, FL 33012 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

12152004 REIN-NP CR2E099 (6/04)

City & State

4. FEI Number
59-1560240

Applied For
 Not Applicable

City & State

Zip Country
 Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, CARLOS
 1750 W. 46TH ST.
 #321
 HIALEAH, FL 33012

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 *Carlos Valdes* DATE 12-28-04
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, CARLOS 1754 W 46TH ST 321 HIALEAH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARTEAGA, JESUS 1750 W 46 ST #506 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLVEIRA, ANTONIO 1750 W 46TH ST 406 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARDUJO, CARLOS 1750 W 46 ST APT 533 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VITON, ROGELIO 1750 W. 46ST APT. 432 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800043810028 01/03/05--01046--022 **253.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIGUEL ACOSTA 1750 W 46 ST # 221 HIALEAH FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800043810028 01/03/05--01046--023 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAVIER ZARATE 1750 W 46ST # 538 HIALEAH FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *Carlos Valdes* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT 04-05