


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747827**

1. Entity Name  
**LAS PALMAS CONDOMINIUM NO. 9/5 ASSOCIATION, INC.**



Principal Place of Business <b>1507 S.W. 104 PLACE          MIAMI, FL 33174-2647</b>	Mailing Address <b>2925 SW 105TH AVE          MIAMI, FL 33165 US</b>
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0306847</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORIN, MANUEL M.  
 1507 S.W. 104 PLACE  
 MIAMI, FL 33174-2647**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	<b>MORIN, MANUEL M</b>
NAME	<b>1507 S.W. 104 PLACE</b>
STREET ADDRESS	<b>MIAMI, FL</b>
CITY-ST-ZIP	
TITLE <b>SD</b>	<b>LOPEZ, YENI</b>
NAME	<b>1509 SW 104 PLACE, 9-5A</b>
STREET ADDRESS	<b>MIAMI, FL 33174</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/16/08-00046-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:** M. Morin **1/7/08** **305-223-9788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #