


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # 747969 1. Entity Name LAS PALMAS CONDOMINIUM NO. 9/10 ASSOCIATION, INC.		
Principal Place of Business 1512 S.W. 104 AVE. MIAMI FL 33174 US		Mailing Address 1512 S.W. 104 AVE. MIAMI FL 33174 US
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.	
City & State		City & State
Zip	Country	Zip



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent CAMPELLO, MORAIMA Y. 1512 S.W. 104 AVENUE MIAMI FL 33174-2770	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Moraima Y Campello* *Deputy* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	PTD <input type="checkbox"/> Delete CAMPELLO, MORAIMA Y	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1512 S.W. 104 AVENUE	NAME	UD00000708925
STREET ADDRESS	MIAMI FL 33174-2770	STREET ADDRESS	04/24/07-80133-022 61.25
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> Delete RODRIGUEZ, JOSE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1510 SW 104 AVE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MIAMI FL 33174-2770	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete RODRIGUEZ, PETRONILA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1510 SW 104 AVE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MIAMI FL 33174-2770	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE: *Moraima Y Campello* *MORAIMA Y. CAMPELLO* *305-551-2262* *APRIL 10/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputma Phone #