


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90063 024 \*\*\*\*70.00

<b>DOCUMENT # N01000000640</b> 1. Entity Name <b>LOS JARDINES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 555 SW 16TH AVE. MIAMI, FL 33135			Mailing Address 555 SW 16TH AVE. MIAMI, FL 33135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FORTAROLO, CARLOS O</b> <b>555 SW 16TH AVE. APT 7</b> <b>MIAMI, FL 33135</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 <u>Carlos O. Tortarolo</u> <u>3-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PD <input type="checkbox"/> Delete <b>MENENDEZ, ZUNILDA MRS.</b>				
NAME					
STREET ADDRESS	<b>555 SW AVE. #10</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>				
TITLE	VD <input checked="" type="checkbox"/> Delete				
NAME	<b>MONTERO, JESUS MR.</b>				
STREET ADDRESS	<b>555 S.W. 16 AVE. #13</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>				
TITLE	TD <input type="checkbox"/> Delete				
NAME	<b>TORTAROLO, CARLOS</b>				
STREET ADDRESS	<b>555 SW 16 AVE. #7</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>				
TITLE	S <input type="checkbox"/> Delete				
NAME	<b>ZOGLIN, JANET MS.</b>				
STREET ADDRESS	<b>555 SW 16 AVE. #11</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	<b>VD ANTONIO CARULLA</b>				
CITY-ST-ZIP	<b>555 SW 16 AVE. # 6</b> <b>MIAMI, FL 33135</b>				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					
SIGNATURE: <u>Carlos O. Tortarolo</u> <u>3-14-04</u> <u>305.776.2379</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					