


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N01000000640 |  |
| 1. Entity Name LOS JARDINES CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 555 SW 16TH AVE. MIAMI, FL 33135 | Mailing Address 555 SW 16TH AVE. MIAMI, FL 33135 |
|---|---|

DO NOT WRITE IN THIS SPACE



03142005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FORTAROLO, CARLOS O 555 SW 16TH AVE, APT 7 MIAMI, FL 33135 |
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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 <i>Carlos Tortarolo</i> | DATE 3-20-05 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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|---|---|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MENENDEZ, ZUNILDA MRS. 555 SW AVE. #10 MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CARULLA, ANTONIO 555 SW 16 AVE # 6 MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD TORTAROLO, CARLOS 555 SW 16 AVE. #7 MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ZOGLIN, JANET MS. 555 SW 16 AVE. #11 MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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U00000276711
03/25/05-80054-007 75.00

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Carlos Tortarolo</i> | DATE 3-20-05 | Daytime Phone # 305-776-2379 Cell. |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |