

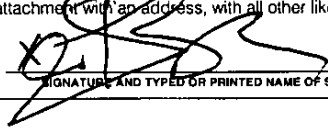


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90135 048 \*\*\*\*61.25

<b>DOCUMENT # N01000008543</b> 1. Entity Name LOS PORTALES SECTION B CONDOMINIUM, INC.					
Principal Place of Business 2500 NW 97 AVE. 200 MIAMI, FL 33172			Mailing Address 2500 NW 97 AVE. 200 MIAMI, FL 33172		
2. Principal Place of Business 2200 NW 102 ave Suite, Apt. #, etc. # 5		3. Mailing Address 2200 NW 102 ave Suite, Apt. #, etc. # 5			
City & State Doral, Florida Zip 33172		City & State Doral, Florida Zip 33172		4. FEI Number 65-1157522 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ESPINOZA, HUGO 2500 NW 97 AVE. 200 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name HUGO ESPINOZA Street Address (P.O. Box Number is Not Acceptable) 2200 NW 102 ave # 5 City Doral, FL Zip Code 33172		
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 6/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELTORRE, NESTOR 300E 4ST #204 HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASANTA, LEOUARDO 316 EAST 4TH ST., #4 HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, JUAN 341 EAST 3 ST #4 HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			8/31/05 3) 444-6757 x18		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		