2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90014 014 ****70.00

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1. Entity Name
LASESTRELLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2441 NW 93 AVE, #109B MIAMI, FL 33172	2441 NW 93 AVE, #109B MIAMI, FL 33172

02052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
315 86th St.	315 86th Street
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.: #3
City & State: MIAMI BEACH, FL.	City & State: MIAMI BEACH, FL.
Zip: 33141 Country: U.S.A.	Zip: 33141 Country: U.S.A.

4. FEI Number 71-0896645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, EUSEBIO 2441 NW 93 AVE, #109B MIAMI, FL 33172	Name Street Address (P.O. Box Number is Not Acceptable): 315-86th St, #3 City: MIAMI Beach FL Zip Code: 33141

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 _____ 02-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MENDEZ, STAVROULA DS41 NW 93 AVE, #109B HERNANDEZ, EU 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MENDEZ, STAVROULA 315 86th St. #3 MIAMI BEACH, FL. 33141	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HERNANDEZ, EUSEBIO 2441 NW 93 AVE, #109B MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAROZA, ENRIQUE 2441 NW 93 AVE, #109B MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Stavroula Mendez DP 02/10/04 (305)718-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #