

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90204 014 ****61.25

DOCUMENT # N02000001521
 1. Entity Name
VILLAS ANDALUCIA, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2500 W. 78 STREET
 BAY #4
 HIALEAH, FL 33016

Mailing Address
 PO BOX 160718
 HIALEAH, FL 33016

50052737

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State.
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02032005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
FLORIDA'S PORPERTY MANAGEMENT GROUP, CORP.
 2500 W. 78 STREET
 BAY #4
 HIALEAH, FL 33016

4. FEI Number
46-0473589

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, ROXANA 2500 W. 78 ST. #4 HIALEAH, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE LA TORRE, ALEJANDRO 2500 W. 78 ST. #4 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOREIRA, GILBERTO 2500 W. 78 ST. #4 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMEJO, JOAQUIN 2500 W 78 ST. #4 HIALEAH, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAO, KARISA 2500 W 78 ST. #4 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Noel Moreira <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 W 68 ST Hialeah, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mario A. Martinez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7750 W 26 ST #4 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: _____ **4-28-2005** **7863990950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #