


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N03000001558 1. Entity Name LOS PORTALES PHASE II CONDOMINIUM, INC.	
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Principal Place of Business 14411 COMMERCE WAY - #240 MIAMI LAKES, FL 33016	Mailing Address 14411 COMMERCE WAY - #240 MIAMI LAKES, FL 33016
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3735741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARATE, JORGE GABRIEL CAM
14411 COMMERCE WAY - #240
MIAMI LAKES, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000833940 04/17/08-80023-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEBALLOS, RAMON 273 EAST 2ND STREET #2 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERA, JACQUELINE 295 E. 2ND STREET #204 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, CARLOS R 229 E 3RD ST 3 HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/01/08** **305-824-4672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #