


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000002196		
1. Entity Name LAS TERRAZAS CONDOMINIUM ASSOCIATION, INC.		

FILED

06 OCT 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2145 NW 19 TERRACE MIAMI, FL 33125	Mailing Address 2145 NW 19 TERRACE MIAMI, FL 33125
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09222006	Chg-NP	CR2E037 (4/06)
4. FEI Number 55-0824354		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	
CORDERO, MARGARITA C 2145 N.W. 19 TERRACE #102 MIAMI, FL 33125	

7. Name and Address of New Registered Agent	
Name LUIS HERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable)	
2145 N.W. 19 TERRACE, # 217	
City MIAMI	Zip Code FL 33125-1386

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>Luis Hernandez</i>	DATE 10/9/06

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CORDERO, MARGARITA C 2145 N.W. 14 TERRACE #215 MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHAVEZ, MARLON 2145 N.W. 19 TERRACE #211 MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CASTANEDA, MARCELO 2145 N.W. 19 TERRACE #214 MIAMI, FL 33125 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERNANDEZ, LUIS 2145 N.W. 19 TERRACE # 217 MIAMI, FL 33125-1386 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SILVA, ALBERTO F. 2145 N.W. 19 TERRACE #201 MIAMI, FL 33125-1361 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CARRASCO, MANUEL D. 2145 N.W. 19 TERRACE #212 MIAMI, FL 33125 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081205067 10/25/06--01059--010 **61.25
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 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: <i>Luis Hernandez</i>	DATE 9/25/06
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