

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002196

1. Entity Name
LAS TERRAZAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2145 NW 19 TERRACE
MIAMI, FL 33125**

Mailing Address

**2145 NW 19 TERRACE
MIAMI, FL 33125**



08172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0824354

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, LUIS
2145 N.W. 19 TERRACE #102
MIAMI, FL 33125-1306**

**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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HERNANDEZ, LUIS
STREET ADDRESS	2145 NW 19 TERRACE #217
CITY-ST-ZIP	MIAMI, FL 331251386
TITLE	DV
NAME	SILVA, ALBERTO F
STREET ADDRESS	2145 N.W. 19 TERRACE #201
CITY-ST-ZIP	MIAMI, FL 331251361
TITLE	DS
NAME	CARRASCO, MANUEL D
STREET ADDRESS	2145 N.W. 19 TERRACE #212
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000772760
08/28/07-80002-008 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 17, 2007

Date

786-262-190x

Daytime Phone #