


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90257 006 ****61.25

DOCUMENT # N03000006834

1. Entity Name
PALM GARDENS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

1492 S. AVENUE
SUITE 203
MIAMI FL 33130

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SUITE 203
MIAMI FL 33130

54036045

2. Principal Place of Business
210 SW 11TH STREET

3. Mailing Address
**c/o Trust Group Mgmt., Inc.
P.O. Box 451366**

Suite, Apt. #, etc.
OFFICE

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
27-0072888

Applied For
 Not Applicable

Zip Country Zip Country

33130 USA 33245-1306 USA

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

6. Name and Address of Current Registered Agent

**SAIZARBITORIA, INAKI
1492 S. AVENUE
SUITE 203
MIAMI FL 33130**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERVERA, JAVIER JR. <input checked="" type="checkbox"/> Delete 1492 S. AVENUE MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORERO, FERNANDO <input checked="" type="checkbox"/> Delete 1492 S. AVENUE MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARCILA, JUAN <input checked="" type="checkbox"/> Delete 1492 S. AVENUE MIAMI FL 33130
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	PRESIDENT PEREZ, MIRTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 210 SW 11TH STREET, APT.#507 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAMENTOL, ENRIQUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 210 SW 11TH STREET, APT.#406 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER BARROCA, EMERSON W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 210 SW 11TH STREET, APT.#403 MIAMI, FL 33130
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: Mirta Perez MIRTA PEREZ 4-15-04 786-443-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #