

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004353

FILED
Jan 28, 2005
Secretary of State

Entity Name: PARK LAKES AT MIAMI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6187 NW 167TH STREET
H24
MIAMI, FL

New Principal Place of Business:

7102 NW 112TH COURT
DORAL, FL 33178

Current Mailing Address:

6187 NW 167TH STREET
H24
MIAMI, FL

New Mailing Address:

7102 NW 112TH COURT
DORAL, FL 33178

FEI Number: 84-1650004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ, HOMERO
6187 NW 167TH STREET
H24
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ECHEVERRIA, RICARDO
7102 NW 112 COURT
DORAL, FL 33178 US

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.

SIGNATURE: RICARDO ECHEVERRIA

01/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD (X) Delete
Name: CRUZ, HOMERO
Address: 6187 NW 167TH STREET SUITE H24
City-St-Zip: MIAMI, FL 33015

Title: VPD () Delete
Name: ECHEVERRIA, RICARDO
Address: 6187 NW 167TH STREET SUITE H24
City-St-Zip: MIAMI, FL 33015

Title: TD (X) Delete
Name: RUBIO, AMARILYS
Address: 6187 NW 167TH STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D (X) Change () Addition
Name: ECHEVERRIA, RICARDO
Address: 7102 NW 112TH COURT
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO ECHEVERRIA

P

01/28/2005

Electronic Signature of Signing Officer or Director

Date