

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 25, 2009**  
**Secretary of State**

DOCUMENT# N06000002851

**Entity Name:** LOS PALACIOS BY MIAMI LAKES CONDOMINIUM ASSOCIATION OF MIAMI, INC.**Current Principal Place of Business:**8001 W 6 AVE  
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**PO BOX 160310  
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 20-4667654**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NEIGHBORHOOD PROPERTY MANAGEMENT  
2150 WEST 68 ST SUITE #205  
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** UGARTEMENDIA, MAEVE  
**Address:** 8003 WEST 6 AVE., UNIT D  
**City-St-Zip:** HIALEAH, FL 33014**Title:** SD ( ) Delete  
**Name:** YOUNES, HARVEY  
**Address:** 988 WEST 79 PL ACE  
**City-St-Zip:** HIALEAH, FL 33014**Title:** TD ( ) Delete  
**Name:** FLORES, HECTOR  
**Address:** 8013 WEST 6 AVE UNIT # N  
**City-St-Zip:** HIALEAH, FL 33014**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** RUIZ, ALEJANDRO  
**Address:** 8005 WEST 6 AVE., UNIT D  
**City-St-Zip:** HIALEAH, FL 33014**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NEIGHBORHOOD PROPERTY MANAGEMENT

NPM

08/25/2009

Electronic Signature of Signing Officer or Director

Date