


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

03-23-2007 90008 008 ****61.25

DOCUMENT # N06000003953			
1. Entity Name EL CONQUISTADOR OF HIALEAH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131		Mailing Address 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WOOD, RICHARD A ESQ. 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <i>Vilak Property Mgr</i> Street Address (P.O. Box Number is Not Acceptable): <i>7446 SW 48 St</i> City: <i>Miami</i> FL Zip Code: <i>33155</i>	
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>[Signature]</i> DATE: <i>3/14/07</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Mirtha Gonzalez 1481W 41st #11B Hialeah Fl. 33012</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE-PRESIDENT 1481 West 41st #111 Hialeah Fl 33012</i> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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>[Signature]</i>		DATE: <i>3/8/07</i> PHONE: <i>305-662-2767</i>	
<small>SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR</small>		<small>Date</small>	



01262007 Chg-NP CR2E037 (12/06)

4. FEI Number *20-5935655* Applied For Not Applicable

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