2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT			FILED
DOCUMENT # N06000003953			I & Name Service
1. Entity Name EL CONQUISTADOR OF HIALEAH CONDOM!NIUM ASSOCIATION, INC.			2007 JUL 23 AM 3: 44
Principal Place of Business	Mailing Address	- Carl	SECRETARY OF STATE TALLAHASSEE.FLORID
1395 BRICKELL AVENUE 14TH FLOOR	1395 BRICKELL AVENUE 14TH FLOOR		TALLAHASSEE, FLORIDS
MIAMI, FL 33131	MIAMI, FL 33131		A CREATER AN CRITE CITY CRITE STILL BY IN BRITE BRITE STILL BY INCH STORE AND STILL BY INCH STILL BY INCH
2. Principal Place of Business - No P.O. Box #	3, Mailing Address		
7446 Sec) 48 ST Suite, Apt. #, etc.	7446 SW 4 Suite, Apt. #, etc.	8 ST	
Suite, Apt. #, etc.			07032007 Chg-NP CR2E037 (12/06)
City & State, A 33155	City & State	=1	4. FEI Number Applied For 20-5935655 Not Applicable
Zip Country	33155	Country LIS H	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curren	1 2.10		7. Name and Address of New Registered Agent
WOOD, RICHARD A ESQ. VILAR PROPERTY MAG 7446 SW 48 CT.		Name	
		Street Address	Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33155		6.1	170-0-4-
		City	FL Zip Code
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its regi	istered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered age	nt and title if applicable. (NOTE: Rec	gistered Agent signature require	od when reinstating) DATE
Amended AR is \$61.25	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10. ÓFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE P NAME GONZALEZ, MIRTHA	☐ Delete	TITLE NAME	Pirthio Gonzallz Change Addition
STREET ADDRESS 1481 W 41 ST #113	•	STREET ADDRESS	Ch 22
CITY-ST-ZIP HIALEAH, FL 33012 TITLE VP	Delete	CITY-SI-ZIP	mileah, H. 20012 Change Addition
NAME MOJENA, BEATRIZ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NAME 1 U	81 W 41 ST. 213 VICE-PRENTI
STREET ADDRESS 1481 WEST 41 ST #111 CITY-ST-ZIP HIALEAH, FL 33012		STREET ADDRESS 14 CITY-ST-ZIP 1J	ralech, Q 33012
TITLE	☐ Delete	TITLE	TOP UIT Anulus Change Praddition
NAME STREET ADDRESS		STREET ADDRESS	+81 W415T DIL SOCIETERY
CITY-ST-ZIP		CITY-ST-ZIP	Lialail, M 330/2 Change Addition
TITLE NAME	☐ Delete	NAME	600107264036 08/03/0701052008 **61.25
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	08/03/0701022008 **61.23
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	ith this filing does not qualify for the	CITY-ST-ZIF	d in Chapter 119 Florida Statutes I further certify that the information
indicated on this report or supplemental report of the corporation or the receiver or trustee am	is true and accurate and that my s powered to execute this report as r	ignature shall have the equired by Chapter 6	d in Chapter 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, 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.		7/17/02
SIGNATURE:	R PARTED NAME OF SIGNING OFFICER OR D	NECTOR	Date Daytime Phone #