

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 26, 2009
Secretary of State**

DOCUMENT# N06000003953

Entity Name: EL CONQUISTADOR OF HIALEAH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7446 SW 48 ST
MIAMI, FL 33135

New Principal Place of Business:

7446 SW 48 ST
MIAMI, FL 33155

Current Mailing Address:

7446 SW 48 ST
MIAMI, FL 33135

New Mailing Address:

7446 SW 48 ST
MIAMI, FL 33155

FEI Number: 20-5935655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, RICHARD A ESQ.
VILAR PROPERTY MAG
7446 SW 48 CT.
MIAMI, FL 33155 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: MOJENA, BEATRIZ
Address: 7491 EATON STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: S () Delete
Name: VILLANUEVA, FLOR
Address: 1481 WEST 41 ST #213
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: MARTINEZ, IDOLIDIA
Address: 1481 WEST 41 STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARREIRO, SANDRA
Address: 1481 WEST 41 ST # 113
City-St-Zip: HIALEAH, FL 33012

Title: VP/T (X) Change () Addition
Name: MARTINEZ, IDOLIDIA
Address: 1481 WEST 41 ST # 115
City-St-Zip: HIALEAH, FL 33012

Title: SC (X) Change () Addition
Name: ABRACHE, ANTONIA
Address: 1481 WEST 41 STREET
City-St-Zip: HIALEAH, FL 33012

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: SANDRA BARREIRO

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date