

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90023 041 ****61.25

DOCUMENT # N10380 1. Entity Name LAS PALMAS OF HIALEAH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5365-5375 PALM AVE HIALEAH, FL 33012-2771 US			Mailing Address 5375 PALM AVE HIALEAH, FL 33012-2771		
2. Principal Place of Business 5375 Palm Ave			3. Mailing Address 5375 Palm Ave		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 59-2563253	
Zip 33012		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADALSO, FIDEL 5375 PALM AVE #4 HIALEAH, FL 33012-2771				7. Name and Address of New Registered Agent Name Felix Caceres Street Address (P.O. Box Number is Not Acceptable) 5375 Palm Ave #4 City Hialeah FL Zip Code 33012	
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:				DATE: 3/11/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P CADALSO, FIDEL A 5375 PALM AVE., #4 HIALEAH, FL 330122771	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Felix Caceres 5375 Palm Ave #4 Hialeah, FL 33012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, GEORGE 5365 PALM AVE., #2 HIALEAH, FL 330122771	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Leonardo Huergo 5365 Palm Ave #5 Hialeah, FL 33012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENA, MIGUEL 5375 PALM AVE. #6 HIALEAH, FL 330122771	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rafael Alonso 5375 Palm Ave #5 Hialeah, FL 33012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:				DATE: 3/11/06	