


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N12723**  
 1. Entity Name  
**LOS BELLOS JARDINES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 5843 W. 26 AVE.      3456 W 84 ST UNIT #106  
 HIALEAH, FL 33016      MIAMI LAKES, FL 33018 US

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-NP CR2E037 (10/03)

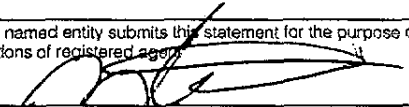
4. FEI Number  
**NOT APPLICABLE**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**YURAI SI, TENA**  
 9143 NW 146 TERR  
 MIAMI LAKES, FL 33016

**DO NOT WRITE IN THIS SPACE**

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: **5/1/05**

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fees \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

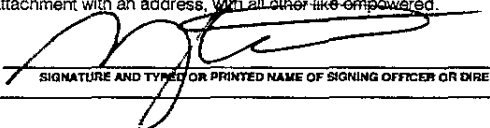
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TENA, YURAI SI
STREET ADDRESS	5845 W 26 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VD
NAME	MENDEZ, ANDY
STREET ADDRESS	5851 W 26 AVE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	STD
NAME	VARGAS, XIOMARA
STREET ADDRESS	5849 W 26
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000373152  
 07/18/05-80004-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **5/1/05**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #