

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

*Amended  
FILED*

05 DEC -5 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11182005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N12723</b>			
1. Entity Name LOS BELLOS JARDINES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5843 W. 26 AVE. HIALEAH, FL 33016		Mailing Address 3456 W 84 ST UNIT #106 MIAMI LAKES, FL 33018 US	
2. Principal Place of Business Eliena Rodriguez Suite, Apt. #, etc. 5847 W. 26 AVE		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State HIALEAH FLORIDA		City & State	
Zip 33016	Country U.S.	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YURAI, TENA 9143 NW 146 TERR MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name: ELIENA RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable): 5847 WEST 26 AVE City: HIALEAH FL Zip Code: 33016	
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 11/1/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		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	PD TENA, YURAI 5845 W 26 STREET HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY YPP YANET POVONES 5341 W-26 AVE HIALEAH FL, 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDEZ, ANDY 5851 W 26 AVE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELIENA RODRIGUEZ 5847 W. 26 AVE HIALEAH FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VARGAS, XIOMARA 5849 W 26 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000061916470 12/05/05--01070--012 **70.00 <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 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 11/1/05 Daytime Phone # 305 827 6569	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			