

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90054 047 \*\*\*\*70.00



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

Principal Place of Business  
**5841 W 26TH AVENUE**  
**HIALEAH, FL 33016 US**

Mailing Address  
**5841 W 26TH AVENUE**  
**HIALEAH, FL 33016 US**

2. Principal Place of Business - No P.O. Box #  
**5843 W. 26 AVE**

3. Mailing Address  
**5843 W. 26 AVE**

Suite, Apt. #, etc.

City & State  
**HIALEAH FL**

City & State  
**HIALEAH FL**

Zip  
**33016** Country  
**U.S.**

Zip  
**33016** Country  
**U.S.**

01082007 Chg-NP CR2E037 (12/06)



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**

**VALDEZ, ESPERANZA**  
**5841 W 26TH AVENUE**  
**HIALEAH, FL 33016**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5843 W. 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: *Esperanza Valdez* DATE: **1-8-2007**

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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**

TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>VALDEZ, ESPERANZA</b>
STREET ADDRESS	<b>5841 W 26TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>GARCIA, DIANA</b>
STREET ADDRESS	<b>5853 W 26TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>VARGAS, XIOMARA</b>
STREET ADDRESS	<b>5849 W 26TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESPERANZA VALDEZ</b>
STREET ADDRESS	<b>5843 W. 26 AVE</b>
CITY-ST-ZIP	<b>HIALEAH FLORIDA 33016</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Esperanza Valdez* DATE: **1-8-2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR