## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12723

FILED Mar 12, 2008 Secretary of State

me: LOS BELLOS JARDINES CONDC	MINIUM ASSOCIATION, INC.	
rincipal Place of Business:	New Principal Place	of Business:
STH AVENUE FL 33016 US		
lailing Address:	New Mailing Address	<b>s:</b>
STH AVENUE FL 33016 US		
: FEI Number Applied For (	) FEI Number Not Applicable (X)	Certificate of Status Desired ( )
Address of Current Registered Age	nt: Name and Address of	f New Registered Agent:
ESPERANZA 6TH AVENUE FL 33016 US		
named entity submits this statement for e of Florida.	r the purpose of changing its registered	d office or registered agent, or both,
RE:	d Agont	Dete
		Date ES TO OFFICERS AND DIRECTORS
T ( ) Delete GARCIA, DIANA 5853 W 26TH AVENUE HIALEAH, FL 33016 US		()Change()Addition
STD () Delete VARGAS, XIOMARA 5849 W 26TH AVENUE HIALEAH, FL 33016 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
P () Delete FAURA, GINNA 5843 W 26TH AVE HIALEAH, FL 33016	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
	rincipal Place of Business:  STH AVENUE FL 33016 US  Railing Address: STH AVENUE FL 33016 US  FEI Number Applied For ( I Address of Current Registered Age ESPERANZA STH AVENUE FL 33016 US  named entity submits this statement for e of Florida.  RE: Electronic Signature of Registered GARCIA, DIANA 5853 W 26TH AVENUE HIALEAH, FL 33016 US  STD () Delete VARGAS, XIOMARA 5849 W 26TH AVENUE HIALEAH, FL 33016 US  P () Delete FAURA, GINNA 5843 W 26TH AVE	Address of Current Registered Agent:  Name and Address of Fel Number Not Applicable (X)  Address of Current Registered Agent:  Name and Address of Seperanza  Seperan

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: GINNA FAURA Ρ 03/12/2008