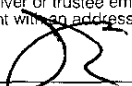


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 OCT 12 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13071 1. Entity Name EL BOSQUE AT LITTLE HAVANA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33149 US		Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US	
2. Principal Place of Business 777 SW 9AVE Suite, Apt. #, etc.		3. Mailing Address 12301 SW 132 CT Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33130 Country		Zip 33186 Country	
4. FEI Number 59-2761867		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARIBBEAN PROPERTY MANAGEMENT, INC. 12301 SW 132 CT MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		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	PD RODRIGUEZ, ADOLF 777 SW 9TH AVENUE #507 MIAMI, FL	☒ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RULANO, PEDRO 777 SW 9TH AVENUE # MIAMI, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASANOVA, FERNANDO 777 SW 9TH AVENUE #311 MIAMI, FL	☒ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP ELIO RAMOS 777 SW 9AVE #12 MIAMI, FL 33130	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AIDA ORTGA 777 SW 9AVE #312 MIAMI FL 33130	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400041796244 10/12/04--01001--005 **\$1.25	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: 		ELIO RAMOS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 305-858-6159 Daytime Phone #	