

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2005
Secretary of State**

DOCUMENT# N30611

Entity Name: LA BELLA NINA CONDOMINIUM ASSOC. INC.

Current Principal Place of Business:

12904 N.W. 104TH AVE
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

12904 N.W. 104TH AVE
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 65-0172610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVERNIA, MANNY
12904 N.W. 104TH AVE
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAVERNIA, MANNY
Address: 12904 N.W. 104TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: PD () Delete
Name: LAVERNIA, EUGENIA
Address: 12904 N.W. 104TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VD () Delete
Name: GARCIA, ANGEL
Address: 12904 N.W. 104TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: TD () Delete
Name: GARCIA, ROSA
Address: 12904 N.W. 104TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EUGENIA LAVERNIA

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date