

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90273 031 \*\*\*\*61.25



<b>DOCUMENT # N32658</b>					
1. Entity Name C.L.A.S. CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11890 NW 87TH COURT BAY 9 HIALEAH GARDENS FL 33016 US		Mailing Address 11890 NW 87TH COURT BAY 6 HIALEAH GARDENS FL 33016 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0599078	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LUZORO, J. JOSEPH 11890 N.W. 87 COURT SUITE C HIALEAH GARDENS FL 33018			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENENORI, JORGE J.		NAME		
STREET ADDRESS	11890 NW 87TH COURT, BAY 9		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TEASUKEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZORO, JOSEPH		NAME	TUNINSKAYA GALINA	
STREET ADDRESS	11890 NW 87TH COURT, BAY 6		STREET ADDRESS	11890 NW 87CT	
CITY-ST-ZIP	HIALEAH GARDENS FL		CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANOZ, FELIPE		NAME		
STREET ADDRESS	11890 NW 87TH COURT, BAYS 10 & 11		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 33018		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNINSKAYA, GAALINA		NAME		
STREET ADDRESS	11890 N.W.87 CT.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, GARDENS FL 33018		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		4/12/05		President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	