

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Oct 21, 2007  
Secretary of State**

DOCUMENT# N93000005028

Entity Name: LOS ARBOLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**1900 WEST 68TH  
CONDO OFFICE  
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**1900 WEST 68TH  
CONDO OFFICE  
HIALEAH, FL 33014**New Mailing Address:**

FEI Number: 65-0487339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**DIAZ, MARIA C  
1900 WEST 68TH STREET  
APT H-405  
HIALEAH, FL 33014 US**Name and Address of New Registered Agent:**DIAZ, MARIA C  
1900 WEST 68TH STREET  
H405  
HIALEAH, FL 33014 US

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:

10/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: RAMOS, MIRIAM  
Address: 1900 W 68TH ST D-208  
City-St-Zip: HIALEAH, FL 33014Title: DV ( ) Delete  
Name: CASTILLO, IRAN  
Address: 1900 W 68TH ST E-103  
City-St-Zip: HIALEAH, FL 33014Title: SD ( ) Delete  
Name: DIAZ, MARIA C  
Address: 1900 WEST 68TH ST. APTO H-405  
City-St-Zip: HIALEAH, FL 33014Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**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: TD ( ) Change (X) Addition  
Name: GONZALEZ, ALVARO  
Address: 1900 W 68 ST APT. G302  
City-St-Zip: HIALEAH, FL 33014Title: D ( ) Change (X) Addition  
Name: LOPEZ, WILLIAM  
Address: 1900 W 68 ST APT. E108  
City-St-Zip: HIALEAH, FL 33014 US

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: MIRIAM RAMOS

PD

10/21/2007

Electronic Signature of Signing Officer or Director

Date