

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005028

FILED
Mar 20, 2008
Secretary of State

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
H405
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

HARDEN, FRANCIS
1900 WEST 68TH STREET
A305
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: FRANCIS HARDEN

03/20/2008

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 33014

Title: DV () Delete
Name: CASTILLO, IRAN
Address: 1900 W 68TH ST E-103
City-St-Zip: HIALEAH, FL 33014

Title: SD () Delete
Name: DIAZ, MARIA C
Address: 1900 WEST 68TH ST. APTO H-405
City-St-Zip: HIALEAH, FL 33014

Title: TD () Delete
Name: GONZALEZ, ALVARO
Address: 1900 W 68 ST APT. G302
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: LOPEZ, WILLIAM
Address: 1900 W 68 ST APT. E108
City-St-Zip: HIALEAH, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: HARDEN, FRANCIS
Address: 1900 WEST 68TH ST. APTO A305
City-St-Zip: HIALEAH, FL 33014

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 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

03/20/2008

Electronic Signature of Signing Officer or Director

Date