
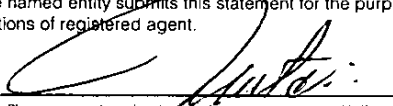


2006-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 029 ****61.25

DOCUMENT # N93000005635 1. Entity Name SAN MATEO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7678 NW 181 ST MIAMI, FL 33015 US				Mailing Address PO BOX 630280 MIAMI, FL 33163-0280 US	
2. Principal Place of Business 14411 Commerce Way Suite, Apt. #, etc. 240		3. Mailing Address 14411 Commerce Way Suite, Apt. #, etc. 240		08142006 Chg-NP CR2E037 (4/06)	
City & State Miami Lakes		City & State Miami Lakes			
Zip 33016		Zip 33016			
Country Miami Dade		Country Miami Dade		4. FEI Number 65-0493877	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GOMEZ, MICHAEL ESQ. LAW OFFICES OF MICHAEL GOMEZ, P.A. 1930 TYLER STREET HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Jorge Zarate, C.A.M. Street Address (P.O. Box Number is Not Acceptable) C/O Comos Management Services Inc. 14411 Commerce Way, Suite 240 City Miami Lakes, FL Zip Code 33016	
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  Jorge Zarate, C.A.M. DATE 8/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DARNA, ROLANDO 7662 NW 179 TERRACE MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSMAN CARCAMO 14411 Commerce Way, 240 Miami Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLE, RAFAEL 7645 NW 181 TERRACE MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Victor Lopez 14411 Commerce Way, 240 Miami Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORREA, REYNA 17580 NW 76 CT MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Reyna Correa 17580 N.W. 76 Ct. Miami Lakes, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:  PRESIDENT DATE **8/14/06** DAYTIME PHONE # **305-824-4672**