


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 029 ****61.25

DOCUMENT # N95000002715

1. Entity Name
CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5800 W 18TH LANE
 OFFICE
 HIALEAH, FL 33012**

Mailing Address
**6047 KIMBERLY BLVD.
 W
 N. LAUDERDALE, FL 33068**



2. Principal Place of Business
14411 COMMERCE WAY

3. Mailing Address
14411 COMMERCE WAY

Suite, Apt. #, etc.
SUITE 240

03032005 Chg-NP CR2E037 (10/03)

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

Zip
33016

Country
USA

4. FEI Number
65-0683649

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DELIA MGMT., CORP.
 6047 KIMBERLY BLVD.
 STE. W
 N. LAUDERDALE, FL 33064**

7. Name and Address of New Registered Agent

Name
JORGE GABRIEL ZARATE, C.A.M.

Street Address (P.O. Box Number is Not Acceptable)
**40 Cosmos 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 **4/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$51.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIESES, SANTIAGO 5810 W 18 LANE, #106 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWIES, LESTER 5820 W 18 LANE, #204 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BINALES, JOSE 5810 W 18 LANE, #104 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, JUAN 5830 18 LANE, #202 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Water Mercedes 5800 W. 18 LN # 202 Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Valladares Alberto 5860 W 18 Lane # 104 Hialeah, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Jorge Zarate* DATE: **5/31/05** DAYTIME PHONE #: **305-824-4672**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR