
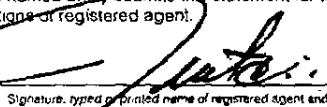
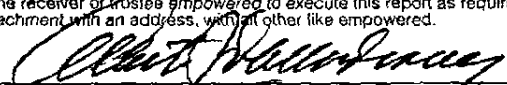


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002715					
1. Entity Name CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016			Mailing Address 14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0683649	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZARATE, JORGE GABRIEL C/O COSMOS MANAGEMENT SERVICES, INC 14411 COMMERCE WAY, SUITE 240 MIAMI LAKES, FL 33016				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 3/22/06	
Filing Fee is \$61.25 Due by May 1, 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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000482079	
NAME	MERCEDES, WALTER	NAME		04/11/06-80061-013 61.25	
STREET ADDRESS	5800 W 18 LN, # 202	STREET ADDRESS			
CITY- ST- ZIP	HIALEAH, FL 33012	CITY- ST- ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWIES, LESTER	NAME			
STREET ADDRESS	5820 W 18 LANE, #204	STREET ADDRESS			
CITY- ST- ZIP	HIALEAH, FL 33012	CITY- ST- ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALLADARES, LABERTO	NAME			
STREET ADDRESS	5800 W 18 LANE, # 140	STREET ADDRESS			
CITY- ST- ZIP	HIALEAH, FL 33012	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 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, without other like empowered.					
SIGNATURE: 		3/22/06		305-824-4672	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	