
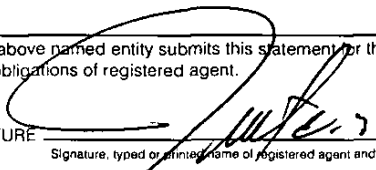



# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N95000002715</b> 1. Entity Name <b>CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016</b>		Mailing Address <b>14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0683649</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZARATE, JORGE GABRIEL C/O COSMOS MANAGEMENT SERVICES, INC 14411 COMMERCE WAY, SUITE 240 MIAMI LAKES, FL 33016</b>		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  Signature, typed or printed name of registered agent and title if applicable.		<b>Jorge Zarate, C.A.M.</b> (NOTE: Registered Agent signature required when reinstating)	
DATE <b>6/28/06</b>			
Amended AR is <b>\$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00</b> 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	S <b>MERCEDES, WALTER</b> <b>5800 W 18 LN, # 202</b> <b>HIALEAH, FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Valladares Alberto</b> <b>14411 Commerce way suite 240</b> <b>Miami Lakes, FL 33016</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BOWIES, LESTER</b> <b>5820 W 18 LANE, #204</b> <b>HIALEAH, FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Vinales Jose</b> <b>14411 Commerce way suite 240</b> <b>Miami Lakes, FL 33016</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VALLADARES, LABERTO</b> <b>5860 W 18 LANE, # 140</b> <b>HIALEAH, FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Murguido German</b> <b>14411 Commerce way suite 240</b> <b>Miami Lakes, FL 33016</b>
	<input checked="" type="checkbox"/> Delete		<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
	<input type="checkbox"/> Delete		<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
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: 		DATE <b>6/28/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <b>3/824-4672</b>	

FILED

06 AUG 11 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06292006 Chg-NP CR2E037 (4/06)