

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG 20 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000002715 <small>*1. Entity Name</small> CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC.			
<small>Principal Place of Business</small> 14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016		<small>Mailing Address</small> 14411 COMMERCE WAY SUITE 240 MIAMI LAKES, FL 33016	
<small>2. Principal Place of Business - No P O Box #</small>		<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc</small>		<small>Suite, Apt. #, etc</small>	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>

08072007 Chg-NP CR2E037 (12/06)

<small>4. FEI Number</small> 65-0683649	<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent					
ZARATE, JORGE GABRIEL C/O COSMOS MANAGEMENT SERVICES, INC 14411 COMMERCE WAY, SUITE 240 MIAMI LAKES, FL 33016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;"><small>Name</small></td></tr> <tr><td style="padding: 5px;"><small>Street Address (P O Box Number is Not Acceptable)</small></td></tr> <tr><td style="padding: 5px;"><small>City</small></td></tr> <tr> <td style="padding: 5px;"><small>State</small> FL</td> <td style="padding: 5px;"><small>Zip Code</small></td> </tr> </table>	<small>Name</small>	<small>Street Address (P O Box Number is Not Acceptable)</small>	<small>City</small>	<small>State</small> FL	<small>Zip Code</small>
<small>Name</small>						
<small>Street Address (P O Box Number is Not Acceptable)</small>						
<small>City</small>						
<small>State</small> FL	<small>Zip Code</small>					

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.H.* DATE: 8/7/07

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

Amended AR is \$61.25	<small>9. Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small> P	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>NAME</small> VALLADARES, ALBERTO		<small>NAME</small> German Murgido	
<small>STREET ADDRESS</small> 14411 COMMERCE WAY, SUITE 240		<small>STREET ADDRESS</small> 14411 Commerce Way, 240	
<small>CITY-ST-ZIP</small> MIAMI LAKES, FL 33016		<small>CITY-ST-ZIP</small> Miami Lakes, FL	
<small>TITLE</small> T	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>NAME</small> VINALES, JOSE		<small>NAME</small> Viñales, Jose	
<small>STREET ADDRESS</small> 14411 COMMERCE WAY, SUITE 240		<small>STREET ADDRESS</small> 14411 Commerce Way, suite 240	
<small>CITY-ST-ZIP</small> MIAMI LAKES, FL 33016		<small>CITY-ST-ZIP</small> Miami Lakes,	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small> T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>NAME</small>		<small>NAME</small> Alberto del Sol	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small> 14411 Commerce Way, suite 240	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small> Miami Lakes, FL 33016	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small> S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>NAME</small>		<small>NAME</small> Martinez, Juan	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small> 14411 Commerce Way, 240	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small> Miami Lakes, FL 33016	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>NAME</small>		<small>NAME</small> Bowel Lester	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small> 14411 Commerce Way, 240	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small> Miami Lakes, FL 33016	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	

900108703779
08/28/07--01030--004 **61.25

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: *German Murgido* DATE: 8/7/07 305-824-4672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date
 Daytime Phone #