


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90014 012 \*\*\*\*61.25

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

**60023789**

2. Principal Place of Business - No P.O. Box #  
 5800 W 18 Lane

3. Mailing Address  
 P.O. Box 160310

4. FEI Number  
 65-0683649

Applied For  
 Not Applicable

City & State  
 Hialeah, Florida

City & State  
 Hialeah, Florida

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

Zip Country Zip Country  
 33012 USA 33016 USA

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 German Murgido  
 Street Address (P.O. Box Number is Not Acceptable)  
 2150 W 68 Street Ste 205  
 City Hialeah 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 *German Murgido*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	MURGIDO, GERMAN <input type="checkbox"/> Delete	TITLE PD	Murgido German <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURGIDO, GERMAN	NAME	Murgido German
STREET ADDRESS	14411 COMMERCE WAY, SUITE 240	STREET ADDRESS	5800 W 18 Lane # 205
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	Hialeah, FL 33012
TITLE VP	VINALES, JOSE <input type="checkbox"/> Delete	TITLE VP	Vinales, Jose A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINALES, JOSE	NAME	Vinales, Jose A.
STREET ADDRESS	14411 COMMERCE WAY, SUITE 240	STREET ADDRESS	5810 W 18 Ln # 104
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	Hialeah, FL 33012
TITLE T	DEL SOL, ALBERTO <input type="checkbox"/> Delete	TITLE T	Del sol, Alberto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL SOL, ALBERTO	NAME	Del sol, Alberto
STREET ADDRESS	14411 COMMERCE WAY, SUITE 240	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	
TITLE S	MARTINEZ, JUAN <input type="checkbox"/> Delete	TITLE S	Martinez, Juan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, JUAN	NAME	Martinez, Juan
STREET ADDRESS	14411 COMMERCE WAY, SUITE 240	STREET ADDRESS	5830 W 18 Ln # 202
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	Hialeah, FL 33012
TITLE D	BOWEL, LESTER <input type="checkbox"/> Delete	TITLE D	Bowel, Lester <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWEL, LESTER	NAME	Bowel, Lester
STREET ADDRESS	14411 COMMERCE WAY, SUITE 240	STREET ADDRESS	5820 W 18 Ln # 204
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	Hialeah, FL 33012
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, with all other like empowered.

SIGNATURE: *German Murgido* Date: 4/1/08 Daytime Phone #: 305/899-2361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR