

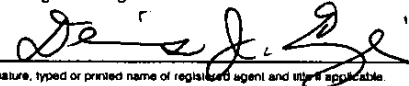
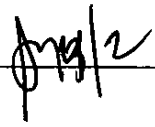
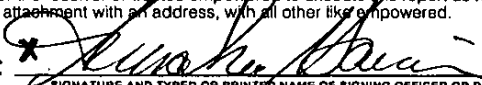


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000005594 1. Entity Name LES FONTAINES CONDOMINIUM ASSOCIATION, INC.						FILED 08 APR -2 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8905 NW 121 ST. HIALEAH GARDENS, FL 33018		Mailing Address 8905 NW 121 Street Hialeah Gardens, FL 33108					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				03102008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0726653		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN ESQ. 6100 BLUE LAGOON DRIVE 360 MIAMI, FL 33126				7. Name and Address of New Registered Agent EISINGER, BROWN, LEWIS & FRANKEL, P.A. ATTN: Dennis J. Eisinger, Esquire 4000 Hollywood Boulevard, Suite 265-S Hollywood FL 33021			
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  <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/10/08			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	SD ALFONSO, LYDICE 9039 NW 12 0 TERRACE, NO. 114 HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S Garcia, Aurora 8905 NW 121 Street Hialeah Gardens, FL 33108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, BARBARA 9136 NW 121 STREET, NO. 220 HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gonzalez, Israel 9115 NW 120 Terrace Hialeah Gardens, FL 33108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SORDO, ROLANDO 8903 NW - 121 TERRACE, NO. 114 HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sordo, Rolando 8903 NW 121 Terrace Hialeah Gardens, FL 33108	<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	100122761001 04/09/08--01044--003 **61.25	<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		
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/11/08		DAYTIME PHONE # 305 819 2361	