


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90015 007 ****70.00

DOCUMENT # N97000004573

1. Entity Name
PARADISE VILLAS CONDOMINIUM ASSOCIATION OF MIAMI, INC.



Principal Place of Business
6501 NW 36 STREET
SUITE 385
MIAMI, FL 33166 US

Mailing Address
6501 NW 36 STREET
SUITE 385
MIAMI, FL 33166 US

40007037



2. Principal Place of Business
8060 NW 8 St, Office

3. Mailing Address
8060 NW 8 St, Office

Suite, Apt. #, etc.
Office

01132005 Chg-NP CR2E037 (10/03)

City & State
Miami, Fl. 33126

City & State
Miami, Fl. 33126

Zip Country
33126 US

Zip Country
33126 US

4. FEI Number
65-0783006


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LAW OFFICE OF MARITZA BETANCOURT, P.A.
19 WEST FLAGLER STREET SUITE
MIAMI, FL 33130

7. Name and Address of New Registered Agent
 Name **LAZARO ARTURO FERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
8061 NW 8 St, Office
Miami, Fl. 33126
 City **Miami** FL Zip Code **33126**

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  DATE **1/19/05**

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

Filing Fees **\$61.25**
Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, FELIPE <input checked="" type="checkbox"/> Delete 8066 NW 8 ST #7 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, Lazaro Arturo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8060 NW 10 Street # 7 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOPEZ, FELIPE <input checked="" type="checkbox"/> Delete 8066 NW 8 ST #7 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOPEZ, FELIPE <input checked="" type="checkbox"/> Delete 8066 NW 8 ST #7 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLAVIJO, Ariel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8065 NW 8 Street # 7 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARCHANO, Roberto Emilio <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8065 NW 10 Street # 5 Miami, Fl. 33126
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 exemption stated in Section 119.07(3)(i), 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 **1/19/05** 305-2652097
 Signature and typed or printed name of signing officer or director Date Daytime Phone #