


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**


05-03-2004 90706 031 \*\*\*\*61.25

<b>DOCUMENT # N97000005801</b>	
<b>1. Entity Name</b> EAST VISTA CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> C/O ACTION GENERAL SERVICES, CORP. 4445 W. 16TH AVE., #308 HIALEAH FL 33012	<b>Mailing Address</b> C/O ACTION GENERAL SERVICES, CORP. 4445 W. 16TH AVE., #308 HIALEAH FL 33012
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P.O. Box 52-6202
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Miami FL	<b>City &amp; State</b> Miami FL
<b>Zip</b> 33152	<b>Country</b> USA

	
MOORE	CR2E037 (11/03)
<b>4. FEI Number</b> 65-0713779	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  FRANCO-GARCIA, MICHELLE 4445 W. 18 AVENUE, SUITE 308 HIALEAH FL 33012
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> CARBALLO, RAUL	
<b>STREET ADDRESS</b> 650 S.E. 9TH COURT, #205	
<b>CITY-ST-ZIP</b> HIALEAH FL 33010	
<b>TITLE</b> VD	<input type="checkbox"/> Delete
<b>NAME</b> MARICHAL, RUBEN	
<b>STREET ADDRESS</b> 700 SE 9TH CT., UNIT 105	
<b>CITY-ST-ZIP</b> HIALEAH FL 33010	
<b>TITLE</b> VD	<input type="checkbox"/> Delete
<b>NAME</b> FRANCO-GARCIA, MICHELLE	
<b>STREET ADDRESS</b> 700 SE 9TH CT., UNIT 205	
<b>CITY-ST-ZIP</b> HIALEAH FL 33010	
<b>TITLE</b> TD	<input checked="" type="checkbox"/> Delete
<b>NAME</b> JONES, SHARON	
<b>STREET ADDRESS</b> 700 SE 9TH CT., UNIT 204	
<b>CITY-ST-ZIP</b> HIALEAH FL 33010	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** \_\_\_\_\_ **4/26/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**