


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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90395 027 ****70.00

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1. Entity Name
VILLA LUISA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**6175 W. 20TH AVENUE, #114
HIALEAH FL 33012** **1957 WEST 60TH STREET
HIALEAH FL 33012**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

7600 W 20 Ave.
217
Hialeah, FL
33016 **State**



MOORE CR2E037 (11/03)

4. FEI Number Applied For

65-0819867 Not Applicable

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

6. Name and Address of Current Registered Agent

**TERRA ASSOCIATION MANAGEMENT SERVICE
1957 WEST 60TH STREET
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name
TERRA ASSOCIATION MGMT Services Inc.

Street Address (P.O. Box Number is Not Acceptable)
7600 West 20th Avenue Suite #217

City State Zip Code

Hialeah **FL** **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 _____ DATE _____

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, MARIANA	
STREET ADDRESS	6175 NW 20 AVE., APT 114	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	QUINTANA, MARGARITA	
STREET ADDRESS	6175 NW 20 AVE., APT 111	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PICOS, JOSE	
STREET ADDRESS	6175 NW 20 AVE., APT 309	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Picos	
STREET ADDRESS	6175 W 20 AVE # 309	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE MIGUEL	
STREET ADDRESS	6175 W 20 AVE # 313	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis MURGA	
STREET ADDRESS	6175 W 20 AVE # 308	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jorge Picos (305) 826-6606

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