


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90014 020 ****70.00

DOCUMENT # N97000006085			
1. Entity Name VILLA LUISA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6175 W. 20TH AVENUE, #114 HIALEAH FL 33012		Mailing Address 7600 W 20 AVE 217 HIALEAH FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0819867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TERRA ASSOCIATION MANAGEMENT SERVICE 7600 WEST 20TH AVENUE SUITE #217 HIALEAH FL 33016		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PICOS, JORGE			NAME	George Saldana		
STREET ADDRESS	6175 W 20 AVE #309			STREET ADDRESS	7600 W 20 Ave #217		
CITY-ST-ZIP	HIALEAH FL 33012			CITY-ST-ZIP	Hialeah, FL 33016		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MIGUEL, JOSE			NAME	Ruth Miguel		
STREET ADDRESS	6175 W 20 AVE #313			STREET ADDRESS	7600 W 20 Ave #217		
CITY-ST-ZIP	HIALEAH FL 33012			CITY-ST-ZIP	Hialeah, FL 33016		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MURGA, LUIS			NAME	MARIA AYLLON		
STREET ADDRESS	6175 W 20 AVE #308			STREET ADDRESS	7600 W 20 Ave #217		
CITY-ST-ZIP	HIALEAH FL 33012			CITY-ST-ZIP	Hialeah, FL 33016		
TITLE		<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	MANUEL MURTOZ		
STREET ADDRESS				STREET ADDRESS	7600 W 20 Ave #217		
CITY-ST-ZIP				CITY-ST-ZIP	Hialeah, FL 33016		
TITLE		<input type="checkbox"/> Delete		TITLE	DD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Margarita Quintana		
STREET ADDRESS				STREET ADDRESS	7600 W 20 Ave #217		
CITY-ST-ZIP				CITY-ST-ZIP	Hialeah, FL 33016		
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 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:  **George Saldana** **5/1/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #