2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000000711

1. Entity Name
LAS PALMAS ASSOCIATION INC.

Principal Place of Business	Mailing Address
4370 NW 11 STREET APT 220 MIAMI, FL 33126	4370 NW 11 STREET APT 220 MIAMI, FL 33126

03112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0827923
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRAVO, LORENZA
4370 NW 11 STREET
APT 220
MIAMI, FL 33126

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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)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000859146
04/02/08-80010-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALOMINO, MARCIA
STREET ADDRESS	4370 NW 11TH STREET #210
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	BRAVO, LORENZA
STREET ADDRESS	4370 NW 11 STREET, APT 220
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VPD
NAME	GOGLE-WHITE, LYDIA
STREET ADDRESS	4370 NW 11TH STREET #102
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	BRAVO, DONALD
STREET ADDRESS	4370 NW 11TH STREET #220
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lorenza Bravo 3-11-08 7866634410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #