


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90020 008 ***150.00

DOCUMENT # P98000024091

1. Entity Name
LA HACIENDA IN THE GABLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1400 SALZEDO STREET
 CORAL GABLES, FL 33134**

Mailing Address
**1400 SALZEDO STREET
 CORAL GABLES, FL 33134**

54014542

2. Principal Place of Business Suite, Apt. #, etc.
 Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062004 Chg-P CR2E034 (10/03)

4. FEI Number **55-0837253** Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent
**MARS, GARY M ESQ.
 150 WEST FLAGLER STREET
 27TH FLOOR
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

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 \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RODRIGUEZ, BLANCA N 1400 SALZEDO STREET CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PRATS, GEORGINA S 1400 SALZEDO STREET CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BARED, LISA 1400 SALZEDO STREET CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MUNOZ-ESTAY, ARTURO 1400 SALZEDO STREET CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENITEZ, MONICA P 1400 SALZEDO STREET CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE PRAT, ALVARO 1400 SALZEDO STREET CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T IGLESIAS, RAFAEL 1400 SALZEDO ST CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PANIAGUA, SONIA 1400 SALZEDO STREET CORAL GABLES, FL 33134 | <input checked="" 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 607, 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: *[Signature]* **PRESIDENT** Date **2/24/04** Daytime Phone # **305 448-4657**