
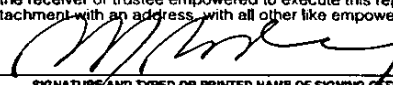


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90029 027 \*\*\*150.00

<b>DOCUMENT # P98000024091</b>				
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>clo Sol Realty Svcs.</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2332 Galvano St, 2nd FL</i>		
City & State		City & State <i>Coral Gables, FL</i>		
Zip	Country	Zip	Country	4. FEI Number 55-0837283
<i>33134</i>		<i>33134</i>	<i>USA</i>	Applied For Not Applicable
6. Name and Address of Current Registered Agent MARS, GARY M ESQ. 150 WEST FLAGLER STREET 27TH FLOOR MIAMI, FL 33130				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
7. Name and Address of New Registered Agent				04142008 Chg-P CR2E034 (12/06)
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 _____				
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARCIA, TANIA	NAME	<i>Krista Lyons</i>	
STREET ADDRESS	1400 SALZEDO STREET	STREET ADDRESS	<i>1400 Salzedo Street</i>	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	<i>Coral Gables, FL 33134</i>	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANIAGUA, SONIA	NAME		
STREET ADDRESS	1400 SALZEDO STREET	STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, BLANCA N	NAME		
STREET ADDRESS	1400 SALZEDO STREET	STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IGLESIAS, RAFAEL	NAME		
STREET ADDRESS	1400 SALZEDO STREET	STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONILLA, JULIO	NAME		
STREET ADDRESS	1400 SALZEDO STREET	STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOWERS, PATRICIA	NAME		
STREET ADDRESS	1400 SALZEDO STREET	STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP		
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 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: 				Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____