

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719991

FILED
May 14, 2008
Secretary of State

Entity Name: RO-MONT SOUTH CONDOMINIUM "J", INC.

Current Principal Place of Business:

20311 N.E. 2ND AVE.
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20314 NE 2ND AVE
MIAMI GARDENS, FL 33179 US

New Mailing Address:

FEI Number: 59-1415936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, LIDU
20311 NE 2ND AVE #1
N MIAMI BCH., FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, LIDU
Address: 20311 NE 2ND AVE # J-1
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VPD () Delete
Name: MONTALUO, ROBERTO
Address: 20311 NE 2ND AVE., APT J-11
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SD () Delete
Name: CRUZE, EMIL H
Address: 20311 NE 2ND AVE #J-20
City-St-Zip: N MIAMI BEACH, FL 33179

Title: TD () Delete
Name: CAREDA, FELIX
Address: 20311 NE 2ND AVE., APT 12
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SD () Delete
Name: EMIL, CRUZE R
Address: 20311 NE 2ND AVE., APT J-20
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CRUZ, MILTA
Address: 20311 NE 2ND AVE., APT 6
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIDU GONZALEZ

Electronic Signature of Signing Officer or Director

PD

05/14/2008

Date