


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90422 041 \*\*\*\*61.25

<b>DOCUMENT # 720318</b>	
1. Entity Name	
PORT ROYALE CONDOMINIUM, INC.	

Principal Place of Business	Mailing Address
6969 COLLINS AVENUE OFFICE MIAMI BEACH FL 33141 US	6969 COLLINS AVENUE OFFICE MIAMI BEACH FL 33141 US

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 (10/05)

4. FEI Number		Applied For
59-1449993		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	
PALACIOS, SANTIAGO 6969 COLLINS AVE MIAMI BEACH FL 33141		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, SANTIAGO F	NAME	
STREET ADDRESS	6969 COLLINS AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FELIX	NAME	
STREET ADDRESS	6969 COLLINS AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, ESTHER	NAME	
STREET ADDRESS	6969 COLLINS AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RAUL H	NAME	
STREET ADDRESS	6969 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABANAS, EDUARDO	NAME	
STREET ADDRESS	6969 COLLINS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, PEDRO	NAME	SD
STREET ADDRESS	6969 COLLINS AVE	STREET ADDRESS	ACOSTA, CARLOS R
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	6969 Collins Ave.
			Miami Beach FL. 33141

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 305-866-0759