
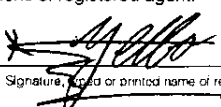


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 033 ****61.25

DOCUMENT # 726103			
1. Entity Name ROYAL PALMETTO CONDOMINIUM, INC.			
Principal Place of Business 6095 W. 19TH AVENUE HIALEAH FL 33012		Mailing Address 18590 NW 67 AVE HIALEAH FL 33015	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 18590 NW 67 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #200B	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33012		33015	
6. Name and Address of Current Registered Agent YELBA, VALDEZ 6095 W 19 AVE 311 HIALEAH FL 33015		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 		DATE 2/7/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	VAIDEZ, YELBA	NAME	
STREET ADDRESS	6095 W 19 AVE 311	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	PD	TITLE	VIP/ PARRA, JOSE
NAME	PARRA, JOSE	NAME	
STREET ADDRESS	6095 W 19 AVE STE 204	STREET ADDRESS	6095 W 19 AVE #204
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	TD	TITLE	
NAME	O'FARRIL, CARIDAD	NAME	
STREET ADDRESS	6095 W 19 AVE 310	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	ALBA, CARMONA	NAME	
STREET ADDRESS	6095 W 19 AVE 401	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ANGEL, VIVAS	NAME	
STREET ADDRESS	6095 W 19 AVE STE 401	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:  **2/7/07 305-3648941**