


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

| | | |
|---|--|---|
| 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 #200B HIALEAH, FL 33015 | |



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 59-1576976 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

YELBA, VALDEZ
 6095 W 19 AVE 311
 HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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 | PD VAIDEZ, YELBA 6095 W 19 AVE 311 HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PARRA, JOSE 6095 W 19 AVE STE 204 HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD O'FARRIL, CARIDAD 6095 W 19 AVE 310 HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ALBA, CARMONA 6095 W 19 AVE 401 HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANGEL, VIVAS 6095 W 19 AVE STE 401 HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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000000781710
 01/15/08-80046-001 61.25

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/09/2008 (305) 364-8941 Daytime Phone #