2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739416

FILED Apr 28, 2008 Secretary of State

Entity Name: RO-MONT SOUTH EXECUTIVE COUNCIL, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
20314 NE 2 MIAMI GAF	2ND AVE. RDENS, FL 3	3179			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
20314 NE 2 MIAMI GAF	2ND AVE. RDENS, FL 3	3179			
FEI Number:	59-1742278	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
2699 STIRI SUITE C-2 FT. LAUDE The above in the State	e of Florida.	33312 US	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF		nic Signature of Registered Age	nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
OFFICERS	S AND DIREC	TURS:	ADDITIONS/CHANG	es 10 OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PARRA, RAUL) Delete ST 203RD TERRACE NS, FL 33179	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1VD (FAGEN, KAL 135 NE 202 TE MIAMI GARDE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2VD (GUIELLERMO 160 NE 203 TE MIAMI GARDE	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (RAMOS, GEOI 135 NE 202 TE MIAMI GARDE	RR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TR (LIDU, GONZAL 20311 NE 2ND MIAMI GARDE	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RAUL PARRA P 04/28/2008