


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90044 019 ****61.25

DOCUMENT # 715026 1. Entity Name ROYAL BAHAMIAN ASSOCIATION, INC.					
Principal Place of Business 14275 SW 142 AVENUE C/O MIAMI MGMT INC MIAMI, FL 33186			Mailing Address 14275 SW 142 AVENUE C/O MIAMI MGMT INC MIAMI, FL 33186		
2. Principal Place of Business <i>Royal Bahamian, Inc.</i> Suite, Apt. #, etc. <i>1101 NE Miami Gardens Dr</i>			3. Mailing Address <i>1101 NE Miami Gardens Dr</i> Suite, Apt. #, etc.		
City & State <i>Miami, Florida</i>			City & State <i>Miami, Florida</i>		
Zip <i>33179</i>		Country <i>USA</i>		Zip <i>33179</i>	
Country <i>USA</i>		4. FEI Number 59-1224627			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MACE; MARILYN 1175 NE MAIMI GARDENS DR UNIT 805E MIAMI, FL 33179			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, ADA		NAME		
STREET ADDRESS	1075 NE MIAMI GARDENS DR #806		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, MARILYN		NAME		
STREET ADDRESS	1175 NE MIAMI GARDENS DR #805E		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUMOVITZ, RUTH		NAME		
STREET ADDRESS	1175 NE MIAMI GARDENS DR #610E		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, ROBERT		NAME		
STREET ADDRESS	1075 NE MIAMI GARDENS DR #303W		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MABEL		NAME		
STREET ADDRESS	1175 NE MIAMI GARDENS DR #610E		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYBER, MIKE		NAME		
STREET ADDRESS	1075 NE MIAMI GARDENS DR #206W		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Ada Joseph</i> 3-10-05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					