

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90001 023 ****61.25



DOCUMENT # 726103

1. Entity Name
ROYAL PALMETTO CONDOMINIUM, INC.

Principal Place of Business
6095 W. 19TH AVENUE
HIALEAH, FL 33012

Mailing Address
7600 W 20TH AVE
217
HIALEAH, FL 33016

40000010



2. Principal Place of Business

3. Mailing Address

2200 NW 102 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082005 Chg-NP CR2E037 (10/03)

City & State

DAVAL FL

4. FEI Number
59-1576976

Applied For
 Not Applicable

- Zip -

- Country -

- Zip -

- Country -

33172

5. Certificate of Status Desired. **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TERRA ASSOCIATION-MANAGEMENT INC
7600 W 20 AVE STE 217
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name **FREY TALAUERA**
 Street Address (P.O. Box Number is Not Acceptable)
6095 W 19 Ave # 304
 City **Hialeah** FL Zip Code **33012**

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]*

FREY TALAUERA/PRES 6/12/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALAUERA, FREY 6095 W. 19 AVE #304 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDEZ, YELBA 6095 W 19 AVE #311 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARBO, ANDRES L 6095 W.19 AVE #301 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEDA, AUTONIO 6095 W 19 AVE # 219 Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rios, Sandro 6095 W 19 AVE #415 Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

Frey TALAUERA/PRES 6/12/05 305-6446757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #