


**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 <i>18590 NW 67 AVE</i> Suite, Apt. #, etc. <i>#200B</i> City & State <i>MIAMI FL</i> Zip <i>33015</i> Country | |
| Suite, Apt. #, etc. | | City & State | |
| City & State | | 4. FEI Number 59-1576976 | |
| Zip | | Country | |
| Country | | 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 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>[Signature]</i> YELBA VALDEZ / PRESIDENT | | DATE 2/7/07 | |
| 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 NAME VAIDEZ, YELBA STREET ADDRESS 6095 W 19 AVE 311 CITY-ST-ZIP HIALEAH FL 33012 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD NAME PARRA, JOSE STREET ADDRESS 6095 W 19 AVE STE 204 CITY-ST-ZIP HIALEAH FL 33012 | <input type="checkbox"/> Delete | TITLE <i>VIP</i> NAME <i>PARRA, JOSE</i> STREET ADDRESS <i>6095 W 19 AVE #204</i> CITY-ST-ZIP <i>Hialeah, FL 33012</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME O'FARRIL, CARIDAD STREET ADDRESS 6095 W 19 AVE 310 CITY-ST-ZIP HIALEAH FL 33012 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DS NAME ALBA, CARMONA STREET ADDRESS 6095 W 19 AVE 401 CITY-ST-ZIP HIALEAH FL 33012 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME ANGEL, VIVAS STREET ADDRESS 6095 W 19 AVE STE 401 CITY-ST-ZIP HIALEAH FL 33012 | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



1st MOORE CR2E037 (10/06)

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: *[Signature]* YELBA VALDEZ / Pres. 2/7/07 305-3648941