


**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**

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

**DO NOT WRITE IN THIS SPACE**

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 #