

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 APR 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726103 1. Entity Name ROYAL PALMETTO CONDOMINIUM, INC.	
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Principal Place of Business 6095 W. 19TH AVENUE HIALEAH, FL 33012	Mailing Address 18590 NW 67 AVE #200B HIALEAH, FL 33015
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1576976	Applied For <input type="checkbox"/> Not Applicable
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
PD	VAIDEZ, YELBA 6095 W 19 AVE 311 HIALEAH, FL 33012	<input type="checkbox"/>
VPD	PARRA, JOSE 6095 W 19 AVE STE 204 HIALEAH, FL 33012	<input checked="" type="checkbox"/>
TD	O'FARRIL, CARIDAD 6095 W 19 AVE 310 HIALEAH, FL 33012	<input type="checkbox"/>
DS	ALBA, CARMONA 6095 W 19 AVE 401 HIALEAH, FL 33012	<input checked="" type="checkbox"/>
D	ANGEL, VIVAS 6095 W 19 AVE STE 401 HIALEAH, FL 33012	<input checked="" type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
VPD	Jose Alvarez 6095 W 19 AVE # 314	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	800129220789 05/13/08--01030--012 **61.25	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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]* **4-9-08** **305.364.8941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #