

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90187 002 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                         |
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| <b>DOCUMENT # 715026</b><br>1. Entity Name<br><b>ROYAL BAHAMIAN ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                         |
| Principal Place of Business<br><b>1101 NE MIAMI GARDENS DRIVE<br/>MIAMI, FL 33179</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                     |                                                                                                                        | Mailing Address<br><b>1101 NE MIAMI GARDENS DRIVE<br/>MIAMI, FL 33179</b>                                                                                                                                                                               |                                                                                                                                                            |                                                                                         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     | 3. Mailing Address                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                     | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                     | City & State                                                                                                           |                                                                                                                                                                                                                                                         | 4. FEI Number<br><b>59-1224627</b>                                                                                                                         |                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                     | Country                                                                                                                |                                                                                                                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                            |                                                                                         |
| 6. Name and Address of Current Registered Agent<br><br><b>GLAZER AND ASSOCIATES, P.A.<br/>1920 EAST HALLANDALE BEACH BLVD.<br/>HALLANDALE, FL 33009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>Universal Property Management</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1380 NE Miami Gardens Dr</b><br>Suite <b>230</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33179</b> |                                                                                                                                                            |                                                                                         |
| 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.<br><br>SIGNATURE <i>[Signature]</i> <b>4/3/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                            |                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                         |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                                         | <b>Make check payable to<br/>Florida Department of State</b>                                                                                               |                                                                                         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                            |                                                                                                                                                            |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <b>JOSEPH, ADA</b><br><b>1075 NE MIAMI GARDENS DR #806</b><br><b>MIAMI, FL 33179</b>                            | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                          | <input checked="" type="checkbox"/> <b>Director</b><br><b>→</b>                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <b>S</b><br><b>MACE, MARILYN</b><br><b>1175 NE MIAMI GARDENS DR #805E</b><br><b>N MIAMI BEACH, FL 33179</b>     | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                          | <input type="checkbox"/> <b>President</b><br><b>GUSTAVO TORTUOLA</b><br><b>1175 NE Miami Gardens Dr</b><br><b>702E - MIAMI FL 33179</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <b>VP</b><br><b>ANDREWS, ARMANDO</b><br><b>1075 NE MIAMI GARDENS DRIVE #604W</b><br><b>MIAMI, FL 33179</b>      | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                          | <input checked="" type="checkbox"/> <b>Vice President</b><br><b>Abraham Deleon Cohen</b><br><b>1075 NE Miami Gardens Dr</b><br><b>702 W MIAMI FL 33179</b> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <b>P</b><br><b>KLEIN, ROBERT</b><br><b>1075 NE MIAMI GARDENS DR #303W</b><br><b>NORTH MIAMI BEACH, FL 33179</b> | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                          | <input type="checkbox"/> <b>Treasurer</b><br><b>Esther Feder</b><br><b>1175 NE Miami Gardens Dr</b><br><b>109E MIAMI FL 33179</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <b>D</b><br><b>MILLER, MABEL</b><br><b>1175 NE MIAMI GARDENS DR #610E</b><br><b>N MIAMI BEACH, FL 33179</b>     | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                          | <input type="checkbox"/> <b>Secretary</b><br><b>John Moreno</b><br><b>1175 NE Miami Gardens Dr</b><br><b>311E MIAMI FL 33179</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <b>D</b><br><b>AYBER, MIKE</b><br><b>1075 NE MIAMI GARDENS DR #206W</b><br><b>MIAMI, FL 33179</b>               | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                          | <input type="checkbox"/> <b>Director</b><br><b>Siago Chozo</b><br><b>1175 NE Miami Gardens Dr</b><br><b>211W MIAMI FL 33179</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 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: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                         |

*Nena Melamed*  
**1175 NE Miami Gardens Dr**  
**Miami FL 33179**

ATTACHMENT  
40080999

#715026

## Director