

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715400

FILED
Apr 27, 2009
Secretary of State

Entity Name: ROYAL ATLANTIC ASSOCIATION INC.

Current Principal Place of Business:

465 OCEAN DRIVE
#300
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

465 OCEAN DRIVE
#300
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1349044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA
10TH FLOOR
CORAL GABLE, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, JAVIER
Address: 465 OCEAN DR., #803
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: COLCORD, HARRY
Address: 465 OCEAN DRIVE., #822
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: MOHR, GREG
Address: 465 OCEAN DR., #903
City-St-Zip: MIAMI, FL 33139

Title: T () Delete
Name: COLCORD, HARRY
Address: 465 OCEAN DR, #822
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: LOFFRENO, PASCUAL
Address: 465 OCEAN DR. #418
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: SUNSHINE, MORRIS
Address: 465 OCEAN DR, #807
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER GONZALEZ

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date