


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90217 025 ****61.25

DOCUMENT # 720318
 1. Entity Name
PORT ROYALE CONDOMINIUM, INC.



Principal Place of Business Mailing Address
6969 COLLINS AVENUE **6969 COLLINS AVENUE**
OFFICE **OFFICE**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**
US **US**

50019700



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-1449993 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PALACIOS, SANTIAGO
6969 COLLINS AVE
MIAMI BEACH FL 33141

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PALACIOS, SANTIAGO F	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, FELIX	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, ESTHER	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RAUL H	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, AMALIO	
STREET ADDRESS	6969 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ACOSTA, CARLOS R	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eduardo Cabanas	
STREET ADDRESS	6969 Collins Ave	
CITY-ST-ZIP	Miami Beach, Fl. 33141	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Rodriguez	
STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	Miami Beach Fl. 33141	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **2/21/05** **305-866-0759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #