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

## Aug 26, 2005 8:00 am Secretary of State DOCUMENT# 728844 1. Entity Name 08-26-2005 90002 032 \*\*\*\*61.25 ROYAL CONDOMINIUM, INC. Principal Place of Business Mailing Address 1855 SW 1ST STREET 1855 SW 1ST STREET MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For 26-2786688 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, RICARDO Street Address (P.O. Box Number is Not Acceptable) 1855 S.W. 1ST STREET APT 301 MIAMI-FL 33135-City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution, Due By September 7, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 HERNANDEZ, RICARDO TITLE ☐ Delete TITLE Change ☐ Addition NAME 1855 SW 1ST ST # 301 STREET ADDRESS MIAMI FL 33135 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE MARIN, JUNIOR Defete TITLE Change Addition NAME 1855 SW 1ST ST # 501 NAME STREET ADDRESS **MIAMI FL 33135** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CAMACHO, RAUL ☐ Delete TITLE ☐ Change Addition NAME 1855 SW 1ST ST # 603 NAME STREET ADDRESS **MIAMI FL 33135** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THTLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

**FILED** 

786-556-6588