

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90056 007 ****61.25

40021720



02122007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0121223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACH, HOWARD
9642 SW 69 PLACE
MIAMI, FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 PD ☐ Delete
NAME WALLACH, HOWARD
STREET ADDRESS 9642 S.W. 69 PLACE
CITY-ST-ZIP MIAMI FL,

TITLE STD ☐ Delete
NAME ROTHMAN, S. LAWRENCE
STREET ADDRESS 9703 S.W. 69TH PLACE
CITY-ST-ZIP MIAMI FL,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Wallach *Howard Wallach* 2/16/07 305-666-9066

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ATTACHMENT

DOCUMENT # 738140	
1. Entity Name ROYAL PALM EAST, INC.	



Principal Place of Business 9642 S.W. 69 PL. MIAMI, FL 33156	Mailing Address 9642 S.W. 69 PL. MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE

01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0121223	Applied For Not Applicable
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WALLACH, HOWARD
9642 SW 69 PLACE
MIAMI, FL

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLACH, HOWARD 9642 S.W. 69 PLACE MIAMI FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROTHMAN, S. LAWRENCE 9703 S.W. 69TH PLACE MIAMI FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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SIGNATURE: Howard Wallach Howard Wallach 1/29/07 305 666-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #