

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000001258

1. Entity Name
RALPH PLAZA II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2634 NW 21 TERRACE
MIAMI, FL 33142

Mailing Address
2634 NW 21 TERRACE
MIAMI, FL 33142

FILED
08 OCT 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3817 NW 17 Ave

Suite, Apt. #, etc.

Apt. 4-A

City & State

Miami, Florida

Zip

33142

Country

USA

3. Mailing Address

3817 NW 17 Ave

Suite, Apt. #, etc.

Apt. 4-A

City & State

Miami, Florida

Zip

33142

Country

USA

10022008

Chg-NP

CR2E037 (12/06)

4. FEI Number
30-0414587

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LAZARO J
7925 NW 12 ST 330
DORAL, FL 33122

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

Amended AR is \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	PACHECO, XIOMARA	
STREET ADDRESS	2634 NW 21 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CEIJAS, VICTOR	
STREET ADDRESS	2634 NW 21 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Rolando F. Rosa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman	
STREET ADDRESS	3817 NW 17 Ave #10 Miami FL 33142	
CITY - ST - ZIP		
TITLE	Belen M. Ramirez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tesorera	
STREET ADDRESS	3817 NW 17 Ave Apt 4-A Miami FL 33142	
CITY - ST - ZIP		
TITLE	Rodolfo Hernandez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	secretario	
STREET ADDRESS	1680 NW 39th Apt 5C Miami FL 33142	
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		

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:

Rolando F. Rosa

10/06/08 (786)845-0122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #