2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N05000001258

Entity Name: RALPH PLAZA II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3817 NW 17 AVE.
APT 4-A
MIAMI, FL 33142

New Principal Place of Business:

3829 N.W. 17 AV.
APT 4-B
MIAMI, FL 33142

Current Mailing Address:

3817 NW 17 AVE.
APT 4-A
MIAMI, FL 33142

New Mailing Address:

3829 N.W. 17 AV.
APT. 4B
MIAMI, FL 331412

FEI Number: 30-0414587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, LAZARO J
7925 NW 12 ST 330
DORAL, FL 33122 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: C ( ) Delete
Name: ROSA, ROLANDO F
Address: 3817 NW 17 AVE. AVE #10
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete
Name: RAMIREZ, BELEN M
Address: 3817 NW 17 AVE. APT 4-A
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete
Name: HERNANDEZ, RODOLFO
Address: 1680 NW 39ST APT 5C
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHAUCA, CAROL C
Address: 3829 NW 17 AVE. AVE #4B
City-St-Zip: MIAMI, FL 33142

Title: T (X) Change ( ) Addition
Name: ORELLANA, MIRNA D
Address: 1680 N.W. 39 ST. #2C
City-St-Zip: MIAMI, FL 33142

Title: S (X) Change ( ) Addition
Name: CHAUCA, VICTOR H
Address: 3837 NW 17AV. APT 5D
City-St-Zip: MIAMI, FL 33142

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: MOT T 02/06/2009

Electronic Signature of Signing Officer or Director — Date