2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27258

FILED Feb 18, 2009 Secretary of State

Entity Name: RIOPLAZA CONDOMINIUM SOUTH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

546 SW 1 STREET #606 546 SW 1 STREET #509 MIAMI, FL 33130 MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

546 SW 1 STREET #606 546 SW 1 STREET #509 MIAMI, FL 33130 MIAMI, FL 33130

FEI Number: 65-0085557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEWARD, LUCIA GONZALEZ, ADRIAN 546 SW 1 ST #606 546 SW 1 ST #509 MIAMI, FL 33130 US MIAMI, FL 33130 US

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: ADRIAN GONZALEZ 02/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PD (X) Change () Addition Name: STEWARD, LUCIA Name: GONZALEZ, ADRIAN

 Name:
 STEWARD, LUCIA
 Name:
 GONZALEZ, ADRIAN

 Address:
 546 SW 1ST ST., APT 606
 Address:
 546 SW 1ST ST., APT 509

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:
 MIAMI, FL 33130

Title: VD () Delete Title: VPD (X) Change () Addition

 Name:
 HERNANDEZ, ROSA
 Name:
 PARIS, ROBERTO T

 Address:
 546 SW 1ST STREET APT, 607
 Address:
 546 SW 1ST STREET APT, 308

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

Title: SD () Delete Title: TD (X) Change () Addition Name: MANSITO, MARIA Name: MANSITO, MARIA A

 Name:
 MANSITO, MARIA
 Name:
 MANSITO, MARIA A

 Address:
 546 SW 1ST ST., APT 510
 Address:
 546 SW 1ST ST., APT 510

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

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: ADRIAN GONZALEZ PD 02/18/2009