


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90086 023 \*\*\*\*61.25

<b>DOCUMENT # N94000000912</b>					
1. Entity Name ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 8053 NW 155 ST MIAMI LAKES, FL 33016 US			Mailing Address 8053 NW 155 ST MIAMI LAKES, FL 33016 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0499043	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YEAR ROUND MANAGEMENT COMPANY 8053 NW 155 ST MIAMI LAKES, FL 33016			Name <i>JRS Management INC</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>7900 NW 155 ST 205</i>		
			City <i>MIAMI Lakes</i> FL Zip Code <i>33016</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANON, WALTER ESQ	NAME			
STREET ADDRESS	8220 NW 168TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAZQUEZ, JAVIER	NAME			
STREET ADDRESS	8291 NW 166TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GASTESI, RAUL	NAME			
STREET ADDRESS	8105 NW 155 ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE CARDENAS, ALBERTO	NAME			
STREET ADDRESS	8060 NW 155TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Cileen Cohen</i> Date <i>4/23/07</i> Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

