


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 014 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # N94000004850 1. Entity Name ROMIR CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 12101 NW 98TH AVE HIALEAH GARDENS, FL 33018 | | | Mailing Address 12101 NW 98TH AVE HIALEAH GARDENS, FL 33018 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MARTINEZ, MARIO 12101 NW 98TH AVE #2 HIALEAH GARDENS, FL 33018 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARTINEZ, MARIO 12101 NW 98TH AVE #2 HIALEAH GARDENS, FL 33018 | <input type="checkbox"/> Delete | | TITLE TD MARTINEZ, MARIO 12101 NW 98TH AVE #2 HIALEAH GARDENS, FL 33018 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROJAS, FERNANDO 12101 NW 98TH STREET #6 HIALEAH GARDENS, FL 33018 | <input checked="" type="checkbox"/> Delete | | TITLE GIRALDO, V. Claudia 12101 NW 98TH AVE #9 HIALEAH GARDENS, FL 33018 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VEGA, MIREYA 12101 NW 98TH STREET, #1 HIALEAH GARDENS, FL 33018 | <input type="checkbox"/> Delete | | TITLE VP VEGA MIREYA 12101 NW 98TH AVE #1 HIALEAH GARDENS, FL 33018 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE 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 lists empowered. | | | | | |
| SIGNATURE _____ MARIO MARTINEZ 3/5/06 786-253-999X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40027363



03032006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0582210

Applied For
Not Applicable

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