

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 16, 2009**  
**Secretary of State**

DOCUMENT# N95000001459

**Entity Name:** ROYAL PALMS CONDOMINIUM ASSOCIATION, INC. OF HIALEAH**Current Principal Place of Business:**7400-7420 W 20 AVE  
HIALEAH, FL 33016 US**New Principal Place of Business:****Current Mailing Address:**7420 WEST 20 AVE #OFFICE 328  
HIALEAH, FL 33016 US**New Mailing Address:****FEI Number:** 65-0710150**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ISRAEL ESMORIZ  
7420 WEST 20 AVE #OFFICE 328  
HIALEAH, FL 33016 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: P ( ) Delete  
Name: ESMORIZ, ISRAEL  
Address: 7420 W 20 AVE., APT 349  
City-St-Zip: HIALEAH, FL 33016

Title: VP ( ) Delete  
Name: ACOSTA, JOSE M  
Address: 7400 W 20 AVE., APT 310  
City-St-Zip: HIALEAH, FL 33016

Title: S ( ) Delete  
Name: ORDAZ SERRANO, CARLOS A  
Address: 7400 W 20 AVE., APT 417  
City-St-Zip: HIALEAH, FL 33016

Title: TD ( ) Delete  
Name: LORENZO, JORGE  
Address: 7400 W 20 AVE #122  
City-St-Zip: HIALEAH, FL 33016 US

Title: D ( ) Delete  
Name: MIER, MANUEL  
Address: 7400 W 20 AVE, APT 206  
City-St-Zip: HIALEAH, FL 33016 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LORENZO, MIRIAM  
Address: 7400 W 20 AVE #122  
City-St-Zip: HIALEAH, FL 33016 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: /ISRAEL ESMORIZ/

PD

10/16/2009

Electronic Signature of Signing Officer or Director

Date