2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90025 044 ****61.25

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1. Entity Name
VILLA ROYAL OF MIAMI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6855 ABBOTT AVE MIAMI BCH, FL 33141 US	P O BOX 4505 MIAMI BEACH, FL 33141 US

02012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0645736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ, RAUL 6855 ABBOTT AVE #401 MIAMI BCH, FL 33141	Name JOSE UBET Street Address (P.O. Box Number is Not Acceptable) 6855 ABBOTT AVE APT # 403 City MIAMI BEACH FL Zip Code 33141

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 _____ 02-02-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 VEIZAGA, GINO 6855 ABBOTT AVE #203 MIAMI BCH, FL 33141	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UBET, JOSE 6855 ABBOTT AVE # 403 MIAMI BCH, FL 33141	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAMACHO, DESSY 6855 ABBOTT AVE #803 MIAMI BCH, FL 33141	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARGOTE, EDGAR 6855 ABBOTT AVE #801 MIAMI BCH, FL 33141	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VICCANLEVA, AGUSTIN 6855 ABBOTT AVE #702 MIAMI BCH, FL 33141	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VILLANUEVA, AGUSTIN 6855 ABBOTT AVE # 702 MIAMI BCH, FL 33141.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBO, OFELIA 6855 ABBOTT AVE #204 MIAMI BCH, FL 33141	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAMACHO, DESSY 6855 ABBOTT AVE # 803 MIAMI BCH, FL 33141	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPEZ, ELIZABETH 6855 ABBOTT AVE #804 MIAMI BCH, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 02-02-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #