## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Mar 05, 2008 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam	MENT # N96000003  BELLO CONDOMINIUM N	03.	-05-2008 90020	0 017 ****61.	25		
R&C ROYAL MANAGEMENT 12301 NW 7TH LN		Mailing Address R&C ROYAL MANAGEMENT 12301 NW 7TH LN MIAMI, FL 33182					
18C	lace of Business - No 90. Box #	generi ·					
Suite, Apt. / 230/ N City & State	W7th LN:	Suite, Apt. #, etc. / /230 / NW /	ALLIN '	02252008 Ch	g-NP CF	2E037 (12/06)	plied For
1/1um	i, th.	Mani, F	ン	65-068363	5	No	t Applicable
33182		33/82.	Country	5. Certificate of Sta		Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7Name and Add	ess of New Regist	ered Agent	
LOPEZ, JOSE L 12301 NW 7TH LN MIAMI, FL 33182				Street Address (P.O. Box Number is Not Acceptable)			
	•		City		<del>.</del>	FL Zip Code	e
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  Signature, typed or printed name of registered agent and title (expirable. (NOTE: Registered Agent signature required when reinstating)  Out							
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Florida C	check payable to Department of St	tate
10.	OFFICERS AND DIF	RECTORS Delete	11.	ADDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECTORS IN Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ, JORGE 12400 NW 11TH LN. #2101 MIAMI, FL 33182	- Deleas	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAS-RIZARAGO, PIEDAD M 12478 NW 11TH LN #1908 MIAMI, FL 33182	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	iedad Y. Bl 478 NW 11, WMI, FL.	az-Liza 33182.	Change	Addition
TITLE  ***********************************	T -MCRALES, DIDIEN- 12402 NW 11TH LN #2102 MIAMI, FL 33182	Delete	TITLE S	Edul-H-B 478 NW 11 Sami, Fh.	las-Liza	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVARRIA, ELOISA 12492 NW 11 LN MIAMI, FL 33182	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby indicated of the column changed	certify that the information supplied with f on this report or supplemental abort is rporation or the receiver or trustee empor, or on an attachment with an address,	this filing does not qualify for strue and accurate and that movered to execute this report with all other like empowered.	the exemptions contain ny signature shall have as required by Chapter	ned in Chapter 119, Flor the same legal effect as i 617, Florida Statutes; an	ida Statutes. I further f made under oath; d that my name app	er certify that the in that I am an officer sears in Block 10 or	nformation or director r Block 11 if