

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90046 038 \*\*\*\*61.25

**DOCUMENT # N96000006031**

1. Entity Name

**PUERTO BELLO CONDOMINIUM NO. 2 ASSOCIATION,  
INC.**



Principal Place of Business

**L&C ROYAL MANAGEMENT  
12301 NW 7TH LANE  
MIAMI, FL 33182**

Mailing Address

**L&C ROYAL MANAGEMENT  
12301 NW 7TH LANE  
MIAMI, FL 33182**

**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0736410**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**L&C ROYAL MANAGEMENT CORPORATION  
12301 NW 7TH LANE  
MIAMI, FL 33182**

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IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DEE VEGA, CYNTHIA  
1191 NW 124 AVE  
MIAMI, FL 33182**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DELA HOZ, EDGARDO  
1162 NW 124 AVE UNIT 2307  
MIAMI, FL 33182**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MANYOMA, DIEGO  
1174 NW 124 AVE  
MIAMI, FL 33182**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #