
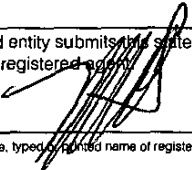
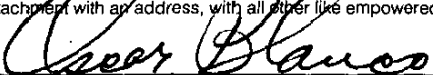


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90086 038 \*\*\*\*61.25

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # N98000001994</b>  |  |    |   |
| 1. Entity Name<br><b>ROYAL POINCIANA INDUSTRIAL PARK CONDOMINIUM NO. 1, ASSOCIATION INC.</b>  |  | Principal Place of Business<br><b>8500-30 NW 61 STREET<br/>MIAMI, FL 33166</b>  |   |
| Mailing Address<br><b>3155 NW 82ND AVE., #101<br/>MIAMI, FL 33122</b>   |  | 34060410  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><b>MP Property Management</b>   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br><b>PO Box 288055</b>   |   |
| City & State<br><b>Miami FL</b>   |  | City & State<br><b>Miami FL</b>   |   |
| Zip<br><b>33122</b>   |  | Country<br><b>USA</b>   |   |
| 4. FEI Number<br><b>65-0835946</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | 03082004 Chg-NP CR2E037 (10/03)   |   |
| 6. Name and Address of Current Registered Agent<br><b>THE DORAN JASON GROUP OF FLORIDA<br/>3155 NW 82ND AVE., #101<br/>MIAMI, FL 33122</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>Myriam Palacios</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>MP Property Management</b><br><b>3575 West 22 Street</b><br>City <b>Hialeah FL</b> Zip Code <b>33018</b> |   |
| 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   |  | myriam Palacios   |   |
| Signature, typed or printed name of registered agent and title if applicable.   |  | (NOTE: Registered Agent signature required when reinstating)  |   |
| DATE <b>3-8-2004</b>  |  | DATE  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| Make check payable to Florida Department of State   |  |   |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BLANCO, OSCAR<br>8500 NW 61 STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>MEDINA, DIEGO<br>8900 SW 117 AVE #B104<br>MIAMI, FL 33166 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>FUENTES, GUSTAVO<br>8518 NW 61 ST #104<br>MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>DIAZ, ROSA<br>8518 NW 61 STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |  | 3-8-2004 305/828055   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |   |