2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2004 8:00 am Secretary of State **DOCUMENT # N99000000942** 03-17-2004 90014 007 ****61.25 ROYAL POINCIANA INDUSTRIAL PARK CONDOMINIUM NO. 2 ASSOCIATION, INC. Principal Place of Business Mailing Address 8554 NW 61 STREET 3155 NW 82 AVENUE MIAMI, FL 33166 101 MIAMI, FL 33122 2. Principal Place of Business amagement Suite, Apt. #, etc. 03082004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0921976 Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE DORAN JASON GROUP OF FL. - M. PALACIOS 3155 NW 82 AVENUE STE 101 MIAMI, FL 33122 City 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 registers agent. SIGNATURE r printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition NAM. DA SILLVA, LUIS CARLOS NAME STREET ADDRESS 8578 61 ST. STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FREITAS, JOSE R NAME NAME STREET ADDRESS 8554 NW 61 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 VPD TITLE Delete TITLE ☐ Change ☐ Addition MONES, ULISES NAME NAME STREET ADDRESS 8574 NW 67 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP VPD ☐ Delete TITLE TITLE Change ☐ Addition SALVATORE, GIANCARLO NAME NAME 8570 NW 61 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition BAILEY, GARTH NAME NAME STREET ADDRESS 8550 NW 61 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TEN NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND THE

<u>3-8:2004</u>

FILED