


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 283197

1. Entity Name
GLENROYAL ENTERPRISES, INC.



| | |
|---|---|
| Principal Place of Business % FRANCISCO PRADO 8350 SUNSET DRIVE S MIAMI, FL 33143 | Mailing Address % FRANCISCO PRADO 8350 SUNSET DRIVE S MIAMI, FL 33143 |
|---|---|



03202006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1704303 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent

**PRADO, ALESSANDRA
 8350 SW 72 STREET
 MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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 | P PRADO, ALESSANDRA 8350 SUNSET DR S MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PALCZYNSKI, TERESA 12511 RAMIRO MIAMI, FL 33156 |
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 04/13/06-80024-014 150.00

DO NOT WRITE 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 607, 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 fee empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 305 2713460
 Date Daytime Phone #