

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED ✓
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # G82609

1. Entity Name
ROYAL PALM ACRES, INC.



Principal Place of Business

**1251 NE 83RD STREET
MIAMI, FL 33130**

Mailing Address

**1251 NE 83RD STREET
MIAMI, FL 33130**

DO NOT WRITE IN THIS SPACE



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2500530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FELSEN, MURRAY
1251 NE 83 ST.
MIAMI, FL 33138**

**DO NOT WRITE
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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000255685
03/08/05-80024-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FELSEN, MURRAY
1251 NE 83 STREET
MIAMI, FL 331384140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #