


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90482 032 ***150.00

DOCUMENT # P00000105094
 1. Entity Name
ROYAL PALM FOOD SERVICES, INC.



Principal Place of Business
 5970 SW 18TH ST, SUITE #188
 BOCA RATON, FL 33433

Mailing Address
 C/O CID 7897 NW 62 TERR
 PARKLAND, FL 33067

*5970 SW 18th
 Suite 188
 Boca Raton FL
 33433 Palmbach*



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1054355

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY J COHEN P C
 10330 CAMELBACK LANE
 BOCA RATON, FL 33498

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PSTD CID, FRANK X 7897 NW 62 TERRACE PARKLAND, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *Frank X CID* **Frank X CID** *4/30/4* **561 866-0012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #