2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000044843

Entity Name
 ROYKIN SERVICES, INC.

Principal Place of Business Mailing Address

7400 SW 50TH TERR. #301 MIAMI, FL 33155 7400 SW 50TH TERR. #301 MIAMI, FL 33155

FILED Feb 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0593756 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPKIN, ROYSTON O 7400 SW 50TH TERR. #301 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

The above named entity submits this statem the obligations of registered agent.	nent for the purpose of changing its reg	gistered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	<u> </u>		
Signature, typed or printed name of registere	ed agent and title if applicable (NOTE Re	egislered Agent signature required when rainstating)	DATE
FILE NOW!!! FEE IS \$150.0 After May 1, 2007 Fee will be \$;
10. OFFICERS	S AND DIRECTORS		
TITLE PDST NAME HOPKIN, ROYSTON O STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155	1		
TITLE VD HOPKIN, BETTY A STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155	1		000000639036 02/28/07-80010-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roysman Hopkin

2-13-07

Daytime Phone #

Date