

DOCUMENT # P05000152661

1. Entity Name
ROYAL STAR ENTERTAINMENT & PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

900 NW 139 STREET
MIAMI, FL 33168

900 NW 139 STREET
MIAMI, FL 33168

2. Principal Place of Business

Mailing Address

Suits, Apt. #, etc.
ROYAL STAR ENTERTAINMENT
City & State
PRODUCTIONS, INC
Zip
900 NW 139 STREET MIAMI FL 33168

City & State
MIAMI
Zip
33168

Country
FL

6. Name and Address of Current Registered Agent

Name
Trevor
Street Address
900 NW 139 STREET
City
MIAMI

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

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

FEE NOW!!! FEE IS \$550.00
Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5 Ad

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
DELGADO-BELL, TREVOR
900 NW 139 STREET
MIAMI, FL 33168

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment to my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 SEP -1 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/01/06 90758 001 \$150.00



07012008 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
412 1919 84	Not Applicable

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

7. Name and Address of New Registered Agent

Name Trevon D Bell

Street Address (P.O. Box Number is Not Acceptable)

900 NVV 139 S +

CITY MIAMI FL Zip Code 33166

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 Agents signature required when returning)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fee**

10. OFFICERS AND DIRECTORS

· ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 '

TITLE	DP
NAME	DELGADO-BELL, TREVOR
STREET ADDRESS	900 NW 139 STREET
CITY-ST-ZIP	MIAMI, FL 33168

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
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STREET ADDRESS	
CITY, ST, ZIP	

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CITY - ST - ZIP	

TITLE	☐ Delete
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STREET ADDRESS	
CITY, ST, ZIP	

TITLE		☐ Delete
NAME		
STREET ADDRESS		

TITLE		☐ Change	☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		

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 is true and correct to the best of my knowledge and belief, 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 am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON DISTRIBUTION

7/1/2006

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Chrysomelid Beetles