2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L05000033802

Entity Name: BLUE ROYAL SERVICE LLC

Current Principal Place of Business:

3702 NE 171 ST
NO. 9
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

13750 W DIXIE HWY
NORTH MIAMI, FL 33161

Current Mailing Address:

3702 NE 171 ST
NO. 9
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

PO BOX 611627
NORTH MIAMI, FL 33261

FEI Number: 20-2635706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTECALVO, CARLOS J
3702 NE 171 ST
NO 9
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

MONTECALVO, CARLOS J
21396 MARINA COVE CIR
J15
AVENTURA, FL 33180 US

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.

SIGNATURE: CARLOS MONTECALVO 02/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MONTECALVO, CARLOS J
Address: 3702 NE 171 ST NO. 9
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete
Name: MONTECALVO, CARLOS J
Address: 3702 NE 171 ST NO. 9
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete
Name: BORRONI, JUAN P
Address: 3702 NE 171 ST NO. 9
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete
Name: DELL-AQUILA, ROBERTO
Address: 3702 NE 171 ST NO. 9
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR (X) Delete
Name: MONTECALVO, MARIO J
Address: 3702 NE 171 ST NO. 9
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MONTECALVO, CARLOS J
Address: 21396 MARINA COVE CIR #J15
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change ( ) Addition
Name: MONTECALVO, MARIO J
Address: 3702 NE 171 ST NO. 9
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS MONTECALVO MGRM 02/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date