2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000060014

1. Entity Name

ROYAL DIXIE MANOR OF FLORIDA, INC.



FILED Jan 10, 2008 08:00 A Secretary of State

Principal Place of Business

1500 N E 145 ST

105

N MIAMI, FL 33161

Mailing Address

C/O KLEINMAN

301 174 ST # 2214 SUNNY ISLES BEACH, FL 33160

01072008 No Chg-P DO NOT WRITE IN THIS SPACE

CR2E034 (11/05)

Applied For Not Applicable

65-0935325

4. FEI Number

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KLEINMAN, CHAIM 301 174TH STREET, #2214 SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered office	e or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Esth Weinn		man V.P	1/2/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLEINMAN, AMI 301 174 ST # 2214 SUNNY ISLES BEACH, FL 33160			U00000778618 01/11/08-80004-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINMAN, NEER 301 174 ST # 2214 SUNNY ISLES BEACH, FL 33160			01/11/08-80004-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEINMAN, CHAIM 301 174 ST # 2214 SUNNY ISLES BEACH, FL 33160	,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEINMAN, ESTHER 301 174 ST # 2214 SUNNY ISLES BEACH, FL 33160		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T KLEINMAN, DANA 301 174 ST # 2214 SUNNY ISLES BEACH, FL 33160				
HILE					

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.

SIGNATURF:

STREET ADDRESS CITY-ST-ZIP