

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 NOV 25 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # F02000005634



1. Entity Name
ROYCE CORPORATION

Principal Place of Business 20900 NE 30 AV SUITE 915 AVENTURA, FL 33180	Mailing Address 20900 NE 30 AV SUITE 915 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10022008 Chg-P CR2E034 (12/06)

4. FEI Number
13-3371395 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reappointing)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	BANDEL, ROBERTO	
STREET ADDRESS	20900 NE 30 AV # 915	
CITY-ST-ZIP	AVENTURA, FL 33180	

TITLE	CEO/D/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bandell, Roberto	
STREET ADDRESS	20900 NE 30 Ave. Ste. 915	
CITY-ST-ZIP	Aventura, FL 33180	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSCU, MARIAN	
STREET ADDRESS	20900 NE 30 AV # 915	
CITY-ST-ZIP	AVENTURA, FL 33180	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moscu, Marian	
STREET ADDRESS	20900 NE 30 Av. #915	
CITY-ST-ZIP	Aventura, FL 33180	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000138447900	
STREET ADDRESS	12/04/08--01047--001	
CITY-ST-ZIP	**61.25	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MARIAN MOSCU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Handwritten: 11/25