2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# 174117



FILED Apr 18, 2003 8:00 am Secretary of State

1. Entity Name ROYAL BLUE 1	• • • • • • • • • • • • • • • • • • • •	,		04-18-2003 90407 001	***900.00		
Principal Place of Business 5525 NW 15TH AVENUE 1ST FLOOR FT LAUDERDALE FL 33309 US		Mailing Address 2085 HURONTARIO STREET SUITE 200 MISSISSAUGA ONTARIO L5A 4G1					
2. Principal Place of Business		3. Mailing Address 2085 HURONTARIO STREET		L LOGITIO DIJI LEDIS DIGUE ALGOT IZATI IBAT DIGUS DIGUS A	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 200		CHECK HERE IF MAKING CHANGES			
City & State		City & State MISSISSAUGA, ONTARIO		4. FEI Number 59-2812008	Applied For Not Applicable		
Zio	Country	Zip L5A 4G1	Country CANADA		.75 Additional Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROTHSCHILD, DEBBI 5525 NW 15TH AVENUE 1ST FLOOR FT LAUDERDALE FL 33009							

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.	

11.

SIGNATURE

TITLE NAME STREET ADDRE

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Trust Fund Contribution.

\$5.00 May Be 9. Election Campaign Financing

Change

Change

Change

Change

Added to Fees

☐ Addition

☐ Addition

☐ Addition

Addition

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10.

	DPT	☐ Delete	TITLE		Change	☐ Addition
	CAROE, LARRY C		NAME			
SS	5525 NW 15TH AVENUE, 1ST FLOOR		STREET ADDRESS			
	ET LAUDEDDALE EL 20200		CITY_ST_7IP			

CITY-ST-ZIP FT LAUDERDALE FL 33309 . TITLE SD ☐ Delete TITLE ☐ Change Addition NAME ROTHSCHILD, DEBBI NAME STREET ADDRESS STREET ADDRESS 3800 S OCENA DRIVE #1006 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019.

TITLE ☐ Delete TITLE NAME NAME YEUN, CLINTON STREET ADDRESS STREET ADDRESS 2085 HURONTARIO STREET, SUITE 200 CITY-ST-ZIP

CITY-ST-ZIP MISSISSAUGA ONTARIO L5A4G1 ☐ Delete TITLE NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS CITY-ST-7/P

☐ Delete TITLE NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

> STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the resport 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

Laurence C- Caroe

Treas. Feb 19/03

803-8898