

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25124

FILED
Apr 14, 2009
Secretary of State

Entity Name: ROYAL VIKING FARM PALM BEACH, INC.

Current Principal Place of Business:

% HOWARD KLUKOFISKY
3450 HANOVER CIRCLE
LOXAHATCHEE, FL 33470

New Principal Place of Business:

% HOWARD KLUKOFISKY
12480 EQUINE LANE
WELLINGTON, FL 33414

Current Mailing Address:

% HOWARD KLUKOFISKY
3450 HANOVER CIRCLE
LOXAHATCHEE, FL 33470

New Mailing Address:

% HOWARD KLUKOFISKY
12480 EQUINE LANE
WELLINGTON, FL 33414

FEI Number: 65-0054811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLUKOFISKY, HOWARD
3450 HANOVER CIRCLE
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

KLUKOFISKY, HOWARD
12480 EQUINE LANE
WELLINGTON, FL 33414 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: _____

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLUKOFISKY, HOWARD
Address: 3450 HANOVER CIRCLE
City-St-Zip: LOXAHATCHEE, FL

Title: D () Delete
Name: KLUKOFISKY, HELENE
Address: 3450 HANOVER CIRCLE
City-St-Zip: LOXAHATCHEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KLUKOFISKY, HOWARD
Address: 12480 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: KLUKOFISKY, HELENE
Address: 12480 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD KLUKOFISKY

PRE

04/14/2009

Electronic Signature of Signing Officer or Director

Date