2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005046

1. Entity Name
ROYAL BLUE SERVICE CORPORATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
17046 NW 66 CT MIAMI, FL 33015	17046 NW 66 CT MIAMI, FL 33015

04062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3701205
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, EARL
17046 NW 66 CT
MIAMI, FL 33015

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, EARL
STREET ADDRESS	17046 NW 66 CT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	GAINEY, ANDRE L
STREET ADDRESS	1221 NW 33 ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	JONES, FRED
STREET ADDRESS	536 S BISCAYNE RIVER DR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	KEMP, WILKES J SR.
STREET ADDRESS	12750 SW 92 CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	FS
NAME	SEARCY, RILEY
STREET ADDRESS	490 NE 131 ST
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	RS
NAME	BROWN, DEMONT
STREET ADDRESS	14210 JACKSON ST
CITY-ST-ZIP	MIAMI, FL 33176

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05/04/06-80015-006 70.00

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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 617, 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: Earl Davis Earl Davis 4-19-06 305-556-4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #