

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005046

FILED
Mar 15, 2009
Secretary of State

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

Current Principal Place of Business:

17046 NW 66 CT
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

17046 NW 66 CT
MIAMI, FL 33015

New Mailing Address:

FEI Number: 04-3701205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, EARL
17046 NW 66 CT
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DAVIS, EARL
Address: 17046 NW 66 CT
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: GAINEY, ANDRE L
Address: 1221 NW 33 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: JONES, FRED
Address: 536 NORTH BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: KEMP, WILKES J SR.
Address: 12750 SW 92 CT
City-St-Zip: MIAMI, FL 33176

Title: FS () Delete
Name: SEARCY, RILEY
Address: 490 NE 131 ST
City-St-Zip: NORTH MIAMI, FL 33161

Title: RS () Delete
Name: RIGSBY, LEE
Address: 22207 SW 98 PLACE
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MIMS, FRED
Address: 1900 FANS SOUCI BLVD, SUITE 213
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL DAVIS

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date