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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2004 8:00 am Secretary of State

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DOCUMENT # N0300005440 1. Entity Name ROYAL PALM HIGHLANDERS, INC.						03-12-200	•		
C/O VINCE SIBEL 1101 LANDINGS BLVD.		Mailing Address C/O VINCE SIBEL 1101 LANDINGS BLVD. WEST PALM BEACH, FL 33413							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042004	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number	77800	i	 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of			\$8.75 Addi	itional
	- 6Name and Address of Current F	legistered Agent	T. State :	- 3-6	7. Name and Ad	Idress of New P	ealstered A	gent -	
SIBEL, VII	NCE .		Name						
	DINGS BLVD. LM BEACH, FL 33413		Street A	ddress (I	P.O. Box Number is	Not Acceptable	s)		
			City					Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re		r register	ed agent, or both, i	in the State of Flo	FL orida Lam f		
the obligat	tions of registered agent.	`	9		·		, , , , , , , , , , , , , , , , , , ,	armer will,	una accept
SIGNATURE	•	•							
.SIGIVATORE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: F	Registered Agent signal	bure required	when reinstallan)		DATE		- J
JUNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signal	ture required	when reinstaling)		DATE		- J
SidirATORE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	beriuper equised	\$5.00 May Be Added to Fees		ake check	payable to	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing Intribution.		\$5.00 May Be Added to Fees	Flor	ake check ida Depart	ment of St	ate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04 561-776-1871