

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90135 032 ***150.00

DOCUMENT # P00000015717 1. Entity Name ROYAL BAY GROUP, INC.			
Principal Place of Business 1110 BRICKELL AVENUE SUITE 504 MIAMI, FL 33131 US		Mailing Address 1110 BRICKELL AVENUE SUITE 504 MIAMI, FL 33131 US	
2. Principal Place of Business 2929 SW 3RD AVE Suite, Apt. #, etc. SUITE 520		3. Mailing Address 2929 SW 3RD AVE Suite, Apt. #, etc. SUITE 520	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33129		Zip 33129	
Country USA		Country USA	
4. FEI Number 52-2217876		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORNE, ROBERT 1110 BRICKELL AVENUE SUITE 504 MIAMI, FL 33131		7. Name and Address of New Registered Agent ALVAREZ ELIA ELK2 RODRIGUEZ, P.L. 2601 S. Bayshore Dr., SUITE 600 Coral Gables FL 33133	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNE, ROBERT F 1110 BRICKELL AVE., SUITE 504 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNE, ROBERT F 2929 SW 3 RD AVE SUITE #520 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

50046669



04192005 Chg-P CR2E034 (10/03)

ALVAREZ ELIA ELK2 RODRIGUEZ, P.L.
2601 S. Bayshore Dr., SUITE 600
Coral Gables FL 33133

4/27/05 (305) 424-0770
Date Daytime Phone