


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90095 047 ***150.00

DOCUMENT # P00000036444 1. Entity Name Royal Oaks Professional Center, Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7950 NW 155 Street Suite, Apt. #, etc. 104 City & State Miami Lakes, FL Zip 33016 Country USA		3. Mailing Address 7950 NW 155 Street Suite, Apt. #, etc. 104 City & State Miami Lakes, FL Zip 33016 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998488		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Delgado, Oscar J.	
	Street Address (P.O. Box Number is Not Acceptable) 7950 NW 155 Street, Suite 104	
	City Miami Lakes	FL Zip Code 33016

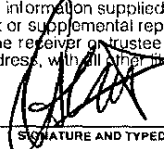
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delgado, Oscar J. President 7950 NW 155 Street, #104 Miami Lakes, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delgado, Jose M. Vice-President 2352 NW 184 Terrace Pembroke Pines, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kestenbaum, Zadok B. Director 4101 Pine Tree Drive Apt 303 Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other fee empowered.

SIGNATURE:  **PRESIDENT** 4-28-03 305 828-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)