

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047003

FILED  
Mar 06, 2004  
Secretary of State

**Entity Name:** THE ROYAL LIFE & HEALTH INSURANCE COMPANY, INC.

**Current Principal Place of Business:**

6161 BLUE LAGOON DRIVE #360  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

6161 BLUE LAGOON DRIVE #360  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 65-1014247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORTES, FERNANDO D  
6161 BLUE LAGOON DRIVE #360  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

CORTES, FERNANDO D SR,  
6161 BLUE LAGOON DRIVE #360  
MIAMI, FL 33126 US

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: FERNANDO CORTES, SR.

03/06/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CORTES, FERNANDO D  
Address: 6161 BLUE LAGOON DRIVE #360  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: CORTES, FERNANDO D  
Address: 6161 BLUE LAGOON DRIVE #360  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CORTES, FERNANDO D SR  
Address: 6161 BLUE LAGOON DRIVE #360  
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change ( ) Addition  
Name: CORTES, FERNANDO D JR  
Address: 6161 BLUE LAGOON DRIVE #360  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO CORTES, SR.

D

03/06/2004

Electronic Signature of Signing Officer or Director

Date