

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000-107552

1. Entity Name  
ROYAL SWAN, INC.



FILED  
07 MAY 17 PM 1:59  
STATE  
TREASURER, FLORIDA

Principal Place of Business  
1470 N.W. 107TH AVENUE  
SUITE J  
MIAMI, FL 33172

Mailing Address  
1470 N.W. 107TH AVENUE  
SUITE J  
MIAMI, FL 33172



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05142007 Chg-P CR2E034 (12/06)

City & State  
DORAL, FLORIDA

City & State  
DORAL, FLORIDA

4. FEI Number  
45-0466817

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABIDO, IVAN R  
1470 N.W. 107TH AVENUE  
SUITE J  
MIAMI, FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MR ☐ Delete  
NAME SABIDO, IVAN R  
STREET ADDRESS 1470 N.W. 107TH AVENUE SUITE J  
CITY-ST-ZIP MIAMI, FL 33172

TITLE P/S/D ☒ Change ☐ Addition  
NAME Sabido, Ivan R  
STREET ADDRESS 1470 N.W. 107 ave. Ste "J"  
CITY-ST-ZIP Doral, Fl. 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/AS/D ☐ Change ☒ Addition  
NAME Sabido, Alekxey R.  
STREET ADDRESS 1470 N.W. 107 Ave. Ste "J"  
CITY-ST-ZIP Doral, Fl. 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Ivan R. Sabido*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-2007

305-597-0200

Date

Daytime Phone #