

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 018 ***150.00

DOCUMENT # P01000035213

1. Entity Name
J&T ROYAL, CORP.



Principal Place of Business
**29035 S.W. 152ND AVE.
LEISURE CITY, FL 33033**

Mailing Address
**2070 NE 8TH STREET
HOMESTEAD, FL 33033**

54063133



2. Principal Place of Business
2070 NE 8 Street
Suite, Apt. #, etc.

3. Mailing Address
2070 NE 8 Street
Suite, Apt. #, etc.

07132004 Chg-P CR2E034 (10/03)

City & State
HOMESTEAD

City & State
HOMESTEAD

4. FEI Number **65-1106594** Applied For
NOT APPLICABLE Not Applicable

Zip Country
33030 USA

Zip Country
33030 USA

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

**DIAZ, AMADOR M
2070 NE 8TH STREET
HOMESTEAD, FL 33033**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME **PENA, JOSE M** ☒ Delete
STREET ADDRESS **165 SW 130 AVE**
CITY-ST-ZIP **MIAMI, FL 33184**

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

TITLE **SVB P/S/D** ☐ Delete
NAME **DIAZ, AMADOR JR**
STREET ADDRESS **15407 SW 54 ST**
CITY-ST-ZIP **MIAMI, FL 33185**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-04 Date

Daytime Phone #