

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90203 007 ***150.00

14005244



04192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1106594 Applied For Not Applicable

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

DOCUMENT # P01000035213

1. Entity Name
J&T ROYAL, CORP.



Principal Place of Business
2070 NE 8TH ST
HOMESTEAD, FL 33030

Mailing Address
2070 NE 8TH ST
HOMESTEAD, FL 33030

2. Principal Place of Business 1235 N. KROME AVE
Suite, Apt. #, etc.

3. Mailing Address 1235 N. KROME AVE
Suite, Apt. #, etc.

City & State
HOMESTEAD FL

City & State
HOMESTEAD FL

Zip 33030 Country USA

Zip 33030 Country USA

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

Name AMADOR M DIAZ
Street Address (P.O. Box Number is Not Acceptable)
11256 SW 246 TERR
City MIAMI FL Zip Code 33032

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/20/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME DIAZ, AMADOR JR
STREET ADDRESS 11256 SW 246TH TERR
CITY-ST-ZIP HOMESTEAD, FL 33032 ☐ Delete

TITLE D
NAME ACOSTA, NILDA
STREET ADDRESS 22455 SW 182ND AVE
CITY-ST-ZIP MIAMI, FL 33170 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05
Date

Daytime Phone #